



FIRST THINGS FIRST

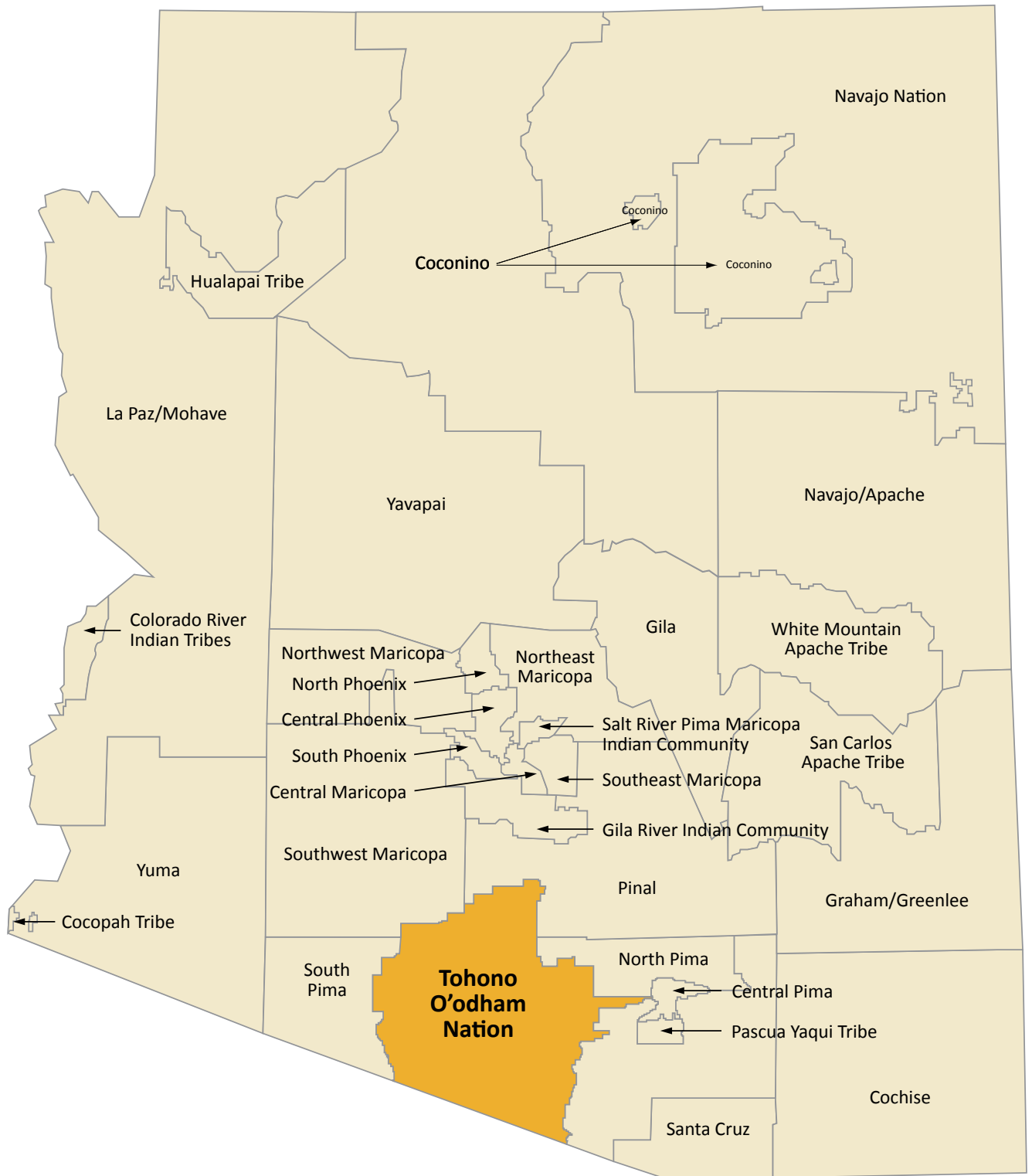
*Ready for School. Set for Life.*

# NEEDS AND ASSETS REPORT 2010



## TOHONO O'ODHAM NATION

Regional Partnership Council



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# Executive Summary

## Introduction

The goal of this report is to provide a snapshot of the needs and assets of children ages 0-5 in the Tohono O’odham Nation. It is hoped that this report will help to guide the funding of the First Things First Regional Partnership Council and inform other efforts in the Nation.

The report provides information on children 0-5 and their families in the areas of:

- Demographics
- The Early Childhood System
- Supporting Families
- Health
- Public Awareness and Collaboration

Much of the research presented has been gathered from publically available data sources, especially in the areas of demographics and health. Where possible we have used multiple years of data and state data, so that trends can be identified and comparisons made.

Full citation information for all findings included in the Executive Summary can be found in the full version of the Report.

## Demographics

The number of children ages 0-5 in the Tohono O’odham Nation is growing. And the rate of growth is faster than the statewide rate.

Understanding the basic numbers and characteristics of children and their families in the Region provides an important context for the work. It can also help a community predict and respond to change. For example, if the data shows that there is an increase in children being born, the community needs to look at the capacity of programs designed to ensure that these children are ready to enter school at age five. If it shows that most parents are raising their children alone, the community must look more closely at programs and services for single parents.<sup>1</sup>

### Key Findings—Demographics

- Between 2008 and 2009 there was a 53.9% growth in the number of children ages 0-5 in the Tohono O’odham Nation.
- In 2000, about half of the households with children aged 1-18 were headed by a single female.

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<sup>1</sup> Women’s Foundation of Southern Arizona. (2009). Status of women and girls in southern Arizona. Retrieved May 20, 2010 from [http://www.womengiving.org/docs/Status\\_of\\_Women\\_Report\\_Winter2010.pdf](http://www.womengiving.org/docs/Status_of_Women_Report_Winter2010.pdf).

- In 2000, more than half of the Nation's children (ages 1-18) were being raised by a single parent (66%).
- In 2009, 46.9% of children ages 0-5 in the Tohono O'odham Nation were living in poverty.
- In 2000, the median income in the Tohono O'odham Nation was just 46% of the statewide median income.
- In 2008, 46% of mothers on the Nation had not achieved a high school degree.

## Early Childhood System

Early childhood education programs can make a difference in the life of a child. Preschool experiences are designed to provide cognitive and social enrichment—to promote a child's ability to succeed in school and prevent poor educational outcomes, such as school failure, unemployment, and poverty.<sup>2</sup>

### Key Findings—Early Childhood System

- To align academic calendars with the local K-12 school district, the Head Start full-time program now operates Monday-Thursday from 8:30 – 2:00. In prior years, Head Start operated on a 5-day schedule.
- As of August 2010, there were 182 children on the waiting list for Head Start.
- Between 2004 and 2010, the average cost of care increased slightly. The largest increase was seen in the average cost for a preschooler in a licensed center—from \$18.72 per day to \$24.00 per day.
- When looking for someone to care for their children, focus group participants noted that safety was their main concern, noting, "It's hard to find people you can trust. You try to find people who don't drink." After that they also listed affordability, proximity, nice people and surroundings and activities—"You want to trust that they'll watch the kids, not the TV." They also want to know that a provider is prepared; "If something happens—that they'll know how to deal with it."

## Family Support

Parenting is complex. We understand that parents sometimes need support. This is especially true when families are struggling to make ends meet and are facing the extra stressors and barriers associated with living in a rural community.

### Key Findings—Family Support

- There are many programs in place in the Nation that are making a difference for children 0-5 and their families.

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<sup>2</sup> Lunenburg, F. (2000). Early childhood education programs can make a difference in academic, economic and social arenas. *Education* 120(3). 519-529.

- Homecare providers shared that parents want to make sure their children are learning how to write, to count, and to know their colors. They want to make sure that their child is ready to enter school, and they want to make sure their child is progressing.
- There is tremendous community support for Head Start—for increasing the capacity of existing services and also bringing Early Head Start to the community.
- There have been policy decisions that are making things better for families and their young children—this indicates growing community awareness.

## Health

Health is key to future success. When the basic needs of children 0-5 are not met, their ability to flourish in the future is undermined. Research indicates that infant health factors have affects well into adulthood, including impacts on educational attainment, earnings, and employment<sup>3</sup>.

Data in this section of the report relies heavily on that available through the Arizona Department of Health Services. Where available, we have used data from the Indian Health Services.

### Key Findings—Health

- In 2008, 22% of births on the Nation were to teenage mothers and 6% of children born were of low birth weight.
- In 2008, 57% of mothers started prenatal care in the first trimester.
- As of this report, it is estimated that there are 1,000 homes on the Nation without potable water and 300 without bathrooms.
- Currently 76% of Tohono O’odham 6th- 8th graders are overweight or obese.

## Public Awareness and Collaboration

Connections help things happen. And there are two levels on which programs in the early childhood development and health system in the Nation are aiming to build connections. Firstly, they aim to connect with the families to ensure that they are aware of the services available to them. Secondly, these service providers themselves recognize that when they connect with each other, there is a greater chance of success.

### Key Findings—Public Awareness and Collaboration

- Although there are many agencies that work to connect families with services for their children 0-5, some families are still not accessing the full range of services available to them.
- Word of mouth, PSAs and texting seem to be most effective for “getting the word out.”

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3 Currie, J. & Hyson, R. (1999). Is the impact of health shocks cushioned by socioeconomic status? The case of low birthweight. *The American Economic Review* 89(2).

- There is a long history of collaboration in the Nation and key informants were able to site numerous examples. However, there is no single collaborative effort in place that could bring the entire early childhood development and health system together in order to harness their efforts for systems change.

## Summary and Conclusions

The goal of this report is to provide a snapshot of the needs and assets of children ages 0-5 in the Tohono O'odham Nation. It is hoped that this report will help to guide the funding of the First Things First Regional Partnership Council and inform other efforts in the area.

Our research has uncovered some key findings that will be important to the Regional Partnership Council as it works to improve the outcomes for children 0-5 in the Nation. They are as follows:

- **Build Capacity**—The number of children ages 0-5 in the Nation is growing significantly faster than the state rate, and this trend has been consistent over the last nine years. When we examine funding plans and look at future priorities, the community must do so recognizing that the need is increasing. This means that we must focus especially on the capacity of those programs that have been proven to improve the outcomes for the Nation's youngest children. There are opportunities for the Regional Partnership Council to work with existing partners in the Nation in order to address the increasing capacity needs.
- **Tailor Programs to meet areas of Increasing Need**—In 2000, almost half of households with children under age 18 were headed by a single female and 66% of households were headed by a single female or a single male. In addition, nearly a third of children were born to teenage mothers. Special attention should be paid to the ability of programs to serve these populations.
- **Build the Capacity of Head Start**—Despite the overwhelming support for the positive outcomes that Head Start is able to provide, 182 children are on the waiting list for this program. There is support to continue working to increase the capacity of Head Start and also for bringing Early Head Start to the Nation.
- **Explore Different Outreach Options**—If word of mouth, texting and radio are the best way to connect people to resources, we need to spend some time exploring how to maximize these opportunities with the resources we have. Additionally, thought needs to be given to how we ensure that every "touch" has a message—every child pick up, well child check, WIC interaction. Secondly, there is evidence to suggest that one touch is not sufficient. Programs need to follow-up too. Finally, thought could be given to programs that utilize word-of-mouth networks for change, like the Promotoras model.

The community health worker (promotora) model utilizes promotoras as disseminators of information to act as the bridge between governmental and non-governmental systems and the communities they serve. Promotora services are delivered, for the most part, through home visits and group presentations, but also include health promotion strategies that impact knowledge, attitudes, and practices on a community level. To reach the unreachable, the promotoras go where people congregate. This could be health fairs, church and neighborhood meetings, laundromats, gas stations, and grocery stores.

Using promotoras ensures that the many social and cultural characteristics of low-income people can be drawn upon to improve the appropriate utilization of health care services. The promotora model is based on previous research and pilot interventions that establish the validity of this model.



Examples in the United States of successful community health worker models are the Navajo Community Health Representatives and the migrant farm worker programs of the 1950s and 1960s, respectively.<sup>4</sup>

- **Develop Train-the trainer Models**—A number of programs, including WIC, Head Start, and the Childcare Division, mentioned either working with, or hoping to work with, programs to increase the capacity of staff. This is essential to the sustainability of services and professional skill building on the Nation. As grant-funded initiatives cycle through the area, thought should be given to ways of building Tribal expertise in order to sustain gains.
- **Work to Connect Literacy Initiatives**—Despite the pools of programming mentioned in the report, one key informant noted, “We have no real community efforts around literacy. Studies show that if there are books in the home, literacy increases. We need to get moving on literacy.” According to one parent, “There are not a lot of books around here.” Key informants and focus group participants understand the importance of literacy. Although efforts have been made, they are not connected and do not yet seem to have gained sufficient momentum to really make a difference. As the Regional Partnership Council explores this issue, thought should be given to ways of connecting existing efforts and integrating literacy with other initiatives, such as those around parenting classes and the use of the Recreation Centers.
- **Explore Parent Education Models**—There is great support for exploring parent education and skill building models and there are partners on the Nation who have the expertise needed to tailor a program to the needs of the Nation’s parents.
- **Work to Connect Health and Nutrition Initiatives**—There are some clear health needs in the Nation. The Tohono O’odham people are struggling with a high prevalence of obesity that has significant implications for the health of the Nation’s children. Thought should be given to how First Things First can support health efforts and carry positive health messages through all initiatives of the Regional Partnership Council.

There are also a number of health initiatives underway that are aiming to increase awareness of the importance of and access to healthy food options. These include the work of WIC, the Healthy O’odham Promotion Program, Tohono O’odham Community Action, the International Sonoran Desert Alliance in Ajo and the Pima County Health Department. The latter has been funded through the Recovery Act Prevention and Wellness Initiative’s Communities Putting Prevention to Work program. Because the health and nutrition system on the Nation has an impact on the ability of children 0-5 to thrive, exploring how to connect, build and sustain these efforts could be an important role for the Regional Partnership Council.

- **Explore possibilities in partnership with the Village Community Centers (the Recreation Centers)**—Key informants are supportive of the potentially significant role that the Recreation Centers could play for children 0-5 on the Nation. The Recreation Centers are seen as a missed opportunity, and there is support for exploring more robust 0-5 opportunities that could be offered in partnership with the centers, as well as adult education classes, such as GED, parenting classes, general health and wellness classes for parents and families, and opportunities for partnership around access to healthy foods.

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4 *The Promotora model.* (n.d.). Retrieved from <http://www.ttthg.com/woth/promotora.html>

- **Work to Increase Childcare Quality**—Investments being made in professional development for Head Start, Childcare centers and Home Providers are paying off. Providers are dedicated to their work. Investing in their skills-building and childcare efforts is clearly a good investment for the community toward improving and supporting early childhood health and educational development.
- **Explore the possibility of an Evidence-based Teen Childcare Program**—Key informants noted the need for an evidence-based teen childcare program, so teen parents can complete their high school education, or GED, be instructed in positive parenting, and have their child cared for in a high quality early child care center. Although there used to be a program in place in the high school it was cut a few years ago. There is support for exploring the implementation of a new program, and Tucson Unified School District's Teen Age Parents (TAP) program was offered as a possible model. In addition to providing services for teen parents, it is also hoped that the center could serve as a model childcare program for other centers.
- **Work with Partners to Create Better Transition Programs for Entering School**—Focus group participants spoke of the need for more consistent transition programs. In their words, "We need to do a better job. At the moment we provide one day of transition help at Head Start, in some centers maybe just an hour, and we need to work with the schools to improve this." Parents concurred, "It can be overwhelming for children. We need to find ways of making them feel more comfortable with the transition."
- **Infuse Cultural Heritage**—A number of key informants and focus group participants spoke of the need to keep the language and culture alive. In the words of one, "We need to teach about our culture and show we value it, beginning at birth." That this is a need is also reflected in the data where we see that in 54% of households on the Nation, English is the only language spoken (U.S. Census Bureau, 2000). In these households, Tohono O'odham is not spoken. This has implications for the opportunities of the Nation's youngest children to interact with their language. For all initiatives undertaken by the Regional Partnership Council, special attention should be made to incorporate culturally relevant practices and materials.
- **Leverage Collaborative opportunities for Systems Change**—There are tremendous opportunities to build collaboration in the early childhood and health systems in the Nation. This work is important not only because it can help ensure that children are seamlessly served, but also to begin the more difficult work of building and leveraging collaboration for systems change. Although this work takes time and effort, there are models that could be used to guide the work.
- **Build Community EITC VITA Options**—The chances of a child succeeding are related to many factors, including the economic wellbeing of the family. There is a low EITC up-take rate in the Nation and a very low volunteer tax preparation rate. There are opportunities to engage local agencies in a dialogue around the potential of connecting to regional free tax-preparation options or bringing a VITA site to the Nation. The tax return can present an opportunity to screen for additional benefits, and leverage the EITC for personal asset development, accessing traditional banking processes, and building financial literacy.
- **Use the Needs and Assets Report to Build Community Dialogue**—Although much has been done to engage community programs and providers through the work of the Tohono O'odham Regional Partnership Council, there are tremendous opportunities to increase the regional dialogue around the importance of early care and education in the Nation. The RPC is perfectly positioned to act as the catalyst for community dialogue around early care, health and education—a sustained dialogue that could engage all stakeholders—families, schools,

the Legislative Council, Elders, health providers, child care providers, service providers, older children, and law enforcement. **Appendix B** provides one possible approach to this.

- **Reflect on 2010 Report**—Because the Regional Partnership Council is mandated to conduct its next Needs and Assets report in 2012, it would be useful to spend some time reflecting on how data presented in this Report is used and what additional indicators that might be useful in the future to guide the work of the Council. Those mentioned during this process include: a definitive count of children 0-5 residing in the Nation; information regarding children 0-5 not served by any child care services, including Head Start; the number of youth who do not achieve a high school graduation and are potential GED candidates as well as the percentage of this group that completes a GED certificate; the number of children who never enroll in school and an assessment of Kindergarten readiness.

# Report Overview

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The report provides information on children 0-5 and their families in the areas of:

- Demographics
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Much of the research presented has been gathered from publically available data sources, especially in the areas of demographics and health. Where possible we have used multiple years of data and state data, so that trends can be identified and comparisons made.

In some sections, this report relies on data from the 2000 U.S. Census. While other regions of the state and country are able to access American Community Survey data for more recent years, in the Tohono O’odham Nation the sample size is too small to enable us to use these updated data sets. Currently data is being collected for the 2010 Census. In the future, this will provide updated information. However, it should be noted that Census forms are not mailed to a home unless the home has a physical address (not a P.O. Box). This means that in rural and tribal areas, there are additional barriers to having a reliable and accurate Census count. Because of these two barriers to accurate population counts, where possible, we have used the First Things First allocation numbers that drive regional funding. An overview of the First Things First Allocation Formula methodology is attached as **Appendix F**.

There are some areas of the report where there is little to no publically available existing data—Supporting Families and Public Awareness and Collaboration. Because of this the research team also incorporated primary data collection strategies—three focus groups, 15 key informant interviews and a parent survey. These allow us to give a fuller, more developed snapshot of the community and also help us to interpret the data. A full list of key informant interviewees and details of focus groups and the parent survey are attached as **Appendix A**. **Appendix D** includes a full analysis of the parent survey responses.

For each section of the report there is an introduction and key findings summary list. All citation information for key findings is presented in the narrative for that section.

# Demographic Overview

## Introduction

The number of children ages 0-5 in the Tohono O'odham Nation is growing. And the rate of growth is faster than the statewide rate.

Understanding the basic numbers and characteristics of children and their families in the Region provides an important context for the work. It can also help a community predict and respond to change.<sup>5</sup> For example, if the data shows that there is an increase in children being born, the community needs to look at the capacity of programs designed to ensure that these children are ready to enter school at age five. If it shows that most parents are raising their children alone, the community must look more closely at programs and services for single parents.

## Key Findings

- Between 2008 and 2009 there was a 53.9% growth in the number of children ages 0-5 in the Tohono O'odham Nation.
- In 2000, about half of the households with children aged 1-18 were headed by a single female.
- In 2000, more than half of the Nation's children (ages 1-18) were being raised by a single parent (66%).
- In 2009, 46.9% of children ages 0-5 in the Tohono O'odham Nation were living in poverty.
- In 2000, the median income in the Tohono O'odham Nation was just 46% of the statewide median income.
- In 2008, 46% of mothers on the Nation had not achieved a high school degree.

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5 Women's Foundation of Southern Arizona. (2009). Status of women and girls in southern Arizona. Retrieved May 20, 2010 from [http://www.womengiving.org/docs/Status\\_of\\_Women\\_Report\\_Winter2010.pdf](http://www.womengiving.org/docs/Status_of_Women_Report_Winter2010.pdf).

# Population

In 2009, there were 1,837 children ages 0-5 in the Tohono O'odham Nation. This represents 0.28% of the statewide population. However, we can see from the chart below that the number of children ages 0-5 in the Nation is not constant. It is steadily increasing over time. Between 2000 and 2009, the number of Tohono O'odham children ages 0-5 grew by 47%; this is significantly higher than the state rate of growth for this age group which is 40%. In addition, between 2008 and 2009, the Nation's percent growth rate was 53.9%, far greater than the state growth rate of 4.1% (Table 1).

**Table 1. Children Ages 0-5, 2000, 2008, 2009**

	2000	2008	2009	% CHANGE 2000-2009	% CHANGE 2008-2009
Tohono O'odham Nation	1,242	1,194	1,837	47.9%	53.9%
Arizona	459,923	618,300	643,783	40.0%	4.1%

Sources: First Things First estimates for 2000, 2008 and 2009 <sup>6</sup>

In 2000, children ages 0-5 represented 11.9% of all people in the Tohono O'odham Nation, which is higher than the statewide rate of 8.96% (Table 2).

**Table 2. Children Ages 0-5 as a Percent of Total Population, 2000, 2008, 2009**

	2000	2008	2009
Tohono O'odham Nation	11.91%	NA	NA
Arizona	8.96%	9.34%	9.45%

Sources: 2000 Census and First Things First estimates for 2008 and 2009 <sup>7</sup>

NA because we do not have a total population estimate for TO in 2008 and 2009

<sup>6</sup> FTF allocation methodology is included as **Appendix F**.

<sup>7</sup> Ibid

## Race, Ethnicity and Family Composition

The vast majority (91%) of residents in the Tohono O'odham Nation are American Indian or Alaska Native, compared with 8% White Non-Hispanic and 7% Hispanic or Latino. The race and ethnicity of the population has remained almost constant over the last three years (Table 3).

**Table 3. Race and Ethnicity of all persons on the Tohono O'odham Nation, 2006, 2009**

	AMERICAN INDIAN OR ALASKA NATIVE	WHITE NON-HISPANIC	HISPANIC OR LATINO	BLACK OR AFRICAN AMERICAN	ASIAN OR PACIFIC ISLANDER	OTHER
2006	90%	8%	7%	<1%	<1%	1%
2009	91%	8%	7%	<1%	<1%	2%

Sources: AZ DHS Primary Care Area Statistical Profile; DHS created estimates based on 2000 Census and updated to 2006 and 2009

Note: Census data recorded on this table exceeds 100%.

In Table 4 we can see that in 2000, nearly half (49%) of households with children ages 1-18 in the Tohono O'odham Nation were headed by a single female—this is more than double the statewide rate of 20%. Of the remaining households 35% were headed by a married couple—this is lower than the statewide rate of 72%—and 17% were headed by a single male, which is more than double the state rate of 8%.

If we add together the percentages of children being raised by single mothers and single fathers, we see that more than half of the Nation's children aged between 1-18 are being raised by a single parent (66%). These findings will have significant implications for programs that have been designed to support parents.

**Table 4. Percent of Households with Children Ages 1-18 by Household Type 2000**

	SINGLE FEMALE-HEADED HOUSEHOLD	SINGLE MALE-HEADED HOUSEHOLD	MARRIED COUPLE HOUSEHOLD
Tohono O'odham Nation*	49%	17%	35%
Arizona	20%	8%	72%

Source: U.S Census 2000

\*includes reservation and off-reservation trust lands

The data above suggests that many children on the Nation are living in single parent or non-nuclear families. This is reinforced when we look at the status of children living with, and being raised by, grandparents. In 2000, 859 Tohono O'odham grandparents lived in households with their grandchildren and 37% had primary responsibility for them (Table 5). Although this is less than the 45% rate statewide, it has implications for programs intending to improve the outcomes of the Nation's children.

Table 5. Children Being Raised by Grandparents, 2000

	GRANDPARENTS LIVING IN HOUSEHOLD WITH GRANDCHILDREN	GRANDPARENTS WITH RESPONSIBILITY FOR GRANDCHILDREN	% OF GRANDPARENTS LIVING WITH GRANDCHILDREN WHO HAD RESPONSIBILITY FOR CHILDREN
Tohono O'odham Nation	859	320	37%
Arizona	114,990	52,210	45%

Note: grandparents over age 30, children ages 17 and younger

Source: U.S. Census 2000; \*includes reservation and off-reservation trust lands

In Table 6 we see an increase in the number of tribally enrolled children ages 0-5 between 2000 and 2007.

Table 6. Growth of the Number of Tribally Enrolled Children ages 0-5

	2000	2007	% CHANGE
Tohono O'odham Nation	1,011	1,594	+37%

Source: 2008 Tohono O'odham Needs and Assets Report

It should be noted that there are challenges to accurately counting children 0-5 living in the Nation. First, as mentioned in the Report Overview, there are challenges to using the Census. Secondly, although the methodology used by First Things First is used to drive funding, again, this is not an exact count. It is an estimate. Finally, although Tribal Enrollment data is included here, again, key informants indicate that not all tribal children are enrolled.



## Poverty and Income

Living in poverty can be a major predictor of other risk factors. Research has found “a very robust relationship between an adult individual’s income and that individual’s health.”<sup>8</sup> The impact of poverty extends to nutrition as well as declining mental health. It also has an impact on the health status of young children.<sup>9</sup> “By almost every measure, including health, cognitive development, educational outcomes, and emotional difficulties, children in low-income families are at higher risk than those in families with higher incomes.”<sup>10</sup>

Table 7, below, shows that in 2009, there were 861 children ages 0-5 living in poverty in the Tohono O’odham Nation. We can also see that the number of children living in poverty increased 55.7% between 2008 and 2009. This growth rate is significantly higher than the statewide rate of 8.4%.

**Table 7. Children Ages 0-5 in Poverty, 2008, 2009**

	2008	2009	% GROWTH 2008-2009
Tohono O’odham Region	553	861	55.7%
Arizona	138,288	149,931	8.4%

Source: First Things First Allocation Formula<sup>11</sup>

In 2009, the percentage of children living in poverty in the Nation was 46.9%—nearly one in every two children. This is substantially higher than the statewide rate of 23.3% (Table 8).

Additionally, between 2008 and 2009, the proportion of children in poverty increased only slightly (1.2%), while the proportion of children in poverty increased at a higher rate statewide (8.4%).

**Table 8. Percent of Children Ages 0-5 in Poverty, 2008, 2009**

	2008	2009	% GROWTH 2008-2009
Tohono O’odham Region	46.3%	46.9%	1.2%
Arizona	22.4%	23.3%	8.4%

Source: First Things First Allocation Formula<sup>12</sup>

If we expand our perspective to look at children under 18 living at or below the poverty level, we see that 44% of Tohono O’odham families fit into this category. This is significantly higher than the statewide rate of 10% (Table 9).

8 Phipps, S. (2003). The impact of poverty on health. CPHI Collected Papers. Ottawa, ON: Canadian Institute for Health Information.

9 *ibid.*

10 O’Hare, W.P. (2009). The forgotten fifth: child poverty in rural America. The Carsey Institute. Retrieved May 20, 2010 from <http://www.carseyinstitute.unh.edu/publications/Report-OHare-ForgottenFifth.pdf>.

11 FTF allocation methodology is included as **Appendix F**.

12 FTF allocation methodology is included as **Appendix F**.

Table 9. Percent of Families with Children Under Age 18 Living at or Below Poverty, 2000

	PERCENT OF HOUSEHOLDS LIVING AT OR BELOW 100% OF FEDERAL POVERTY LEVEL
Tohono O'odham Nation	44%
Arizona	10%

\*Only Families with children 18 years or under were included. Source: U.S. Census 2000

It is well understood that measuring the number of children living in poverty in a region can be a useful tool. However, most people are less familiar with what the measurement actually means and how the poverty level is calculated. The Federal Poverty Guidelines are used by many, including First Things First, to determine poverty in a region. It is therefore useful to spend some time understanding the use and limitations of this data.

**What is the Federal Poverty Level?** "'FPL' or the Federal Poverty Level is the most common indicator of well being for low income families in America. For over forty years it has been the primary measure of poverty in the United States and the most often used benchmark for eligibility federal, state, and local social welfare benefits. In 2005, the poverty threshold for a family of four in the continental United States was \$19,350."<sup>13</sup>

**What's the problem?** "The primary flaw in the current measure is that it fails to take into account certain problems, most notable those facing working single mothers. The vast majority of households receiving government assistance are headed by single mothers. The measure does not take into account the costs of child care, transportation and other work-related expenses at all, and fails to adequately account for the exponential growth in the costs of health care and housing. In Arizona, housing and child care is disproportionately expensive. For a family of four making \$33,000 a year, child care is the single biggest expense- at \$932 (34%) per month, it exceeds even the cost of housing, \$817 (29%). Neither of these expenses is taken into account by the FPL- undoubtedly many working Arizona families are actually 'working poor'."<sup>14</sup>

For the most part, a high percentage of children living in poverty will correlate to a low median income. We can see from Table 10 that in 2000 the median household income in the Tohono O'odham Nation was \$20,509—this represents only 46% of the median income of households state-wide (\$44,282). This finding has significant implications for families in the Nation and their ability to provide for their children.

Table 10. Median Annual Household Income (per-year, pre tax) 2000

	2000
Tohono O'odham Nation	\$20,509
Arizona	\$44,282

Sources: ADHS Primary Care Area Statistical Profile (2009)

13 Women's Foundation of Southern Arizona. (2009). Status of women and girls in southern Arizona. Retrieved May 20, 2010 from [http://www.womengiving.org/docs/Status\\_of\\_Women\\_Report\\_Winter2010.pdf](http://www.womengiving.org/docs/Status_of_Women_Report_Winter2010.pdf).

14 Ibid.

The percentage of children living in poverty and the median income in the Tohono O'odham Nation both indicate that families are struggling to make ends meet. Because of this we would expect to see a high uptake rate for the Earned Income Tax Credit (EITC). The EITC is a federal tax credit for people who work and have earned income below about \$40,000 per year. The EITC reduces the amount of federal taxes owed and may also provide a refund. Each year, it lifts 4.4 million people out of poverty.<sup>15</sup>

Table 11 shows us that in 2006, 28% of tax returns in the Tohono O'odham Nation had an EITC, compared with 17% statewide. We can also see that in 2006, 12% of returns had a Refund Anticipation Loan (a predatory loan product) as compared to 7% statewide. The term predatory lending refers to a number of different lending activities, for instance payday loans, overdraft loans or refund Anticipation Loans (RALs). They are characterized by a financial institution taking unfair advantage of a consumer's financial needs, "charging usurious interest rates and other unconscionable fees and charges."<sup>16</sup>

We know that low-income families are more likely than other families to take predatory loans, (i.e. Refund Anticipations Loans). Research shows that, "nationally, EITC recipients taking a Refund Anticipation Loan (RAL) paid nearly \$1.6 billion in RAL fees in 2006. This does not include any monies they paid in interest payments. On average a RAL costs a taxpayer \$140, with tax preparation fees costing another \$163, totaling more than \$300 to complete their taxes. This amounts to nearly 12 percent of what average EITC participants receive"<sup>17</sup> in their tax return.

As a way to help more families receive the EITC and avoid high tax preparation fees, communities have developed free tax preparation sites and IRS-certified Volunteer Income Tax Assistance (VITA) programs. In 2006, only 2% of returns in the Tohono O'odham Nation were prepared by a volunteer. This is consistent with the rate of tax returns prepared by a volunteer statewide. Instead, 37% of returns were prepared by the taxpayer and 60% were completed by a paid preparer. There are opportunities in the Nation to engage agencies in a discussion of regional VITA options, ways of connecting to these and building awareness of the EITC as a lever for asset development and financial literacy.

**Table 11. Percent of Income Tax Returns with an EITC, a Refund Anticipation Loan, and Return Prepared by Self, Paid Preparer, or Volunteer (2006)**

	TOHONO O'ODHAM REGION	ARIZONA
Total Returns	15,571	2,488,714
% of Returns with EITC	28%	17%
% of Returns with RAL	12%	7%
%of Returns Prepared by Taxpayer	37%	39%
%of Returns Prepared by Paid Preparer	60%	58%
%of Returns Prepared by Volunteer	2%	2%

Source: Brookings Institution, TO zip codes 85634, 85639, 85746

15 Nagle, A. & Griffiths, S. (2008). Rural America—EITC and family economic opportunity. The EITC Funders Network. Retrieved May 20, 2010 <http://www.eitcfunders.org/recentevents.html>.

16 Predatory Lending Practices National Association of Consumer Advocates. Retrieved June 20, 2010, <http://www.naca.net/predatory-lending-practices/>

17 Nagle, A. & Griffiths, S. (2008). Rural America—EITC and family economic opportunity. The EITC Funders Network. Retrieved May 20, 2010 <http://www.eitcfunders.org/recentevents.html>.

## Education in the Nation

Education matters. Success in education can be a predictor of many things—how much you earn, the kind of job you can expect to get, where you live. Being successful in education has an impact on the life of an adult and the economy of the region in which they live. It also has an impact on the children being raised by these adults.<sup>18</sup>

The research shows that there is a correlation between parents' academic attainment and how well children achieve in school—"Parents' schooling is positively and significantly associated with their children's high school graduation and years of schooling . . ." <sup>19</sup> Furthermore, "the percentage of neighborhood residents who did not complete high school strongly and negatively affects educational attainment among young people in the neighborhood."<sup>20</sup>

By looking at the data, we can gain a better understanding of the educational environment on the Tohono O'odham Nation. In 2008, 46% of all births in the Tohono O'odham Nation were to mothers with no high school degree. This rate has remained about the same since 2000, and is much higher than the statewide rate of 26.1% (Table 12).

**Table 12. Educational Attainment of Mothers 2002, 2004, 2006, and 2008**

		2002	2004	2006	2008
Tohono O'odham Nation	No H.S. Degree	47%	40%	44%	46%
	H.S. Degree	34%	40%	30%	34%
	1-4 years College	18%	17%	20%	19%
Arizona	No H.S. Degree	20%	20%	20%	26%
	H.S. Degree	29%	29%	30%	30%
	1-4 years College	32%	32%	33%	34%

Source: Arizona Department of Health Services, Characteristics of American Indian Newborns and Mothers Giving Birth by Place of Residence

Compared to native English speaking students, "children deemed as language minority in kindergarten show important educational disadvantages that remain significant through fifth grade."<sup>21</sup> In 2000, 46% of residents in the Tohono O'odham Nation spoke another language and did not speak any English—these are language minority individuals. Comparatively, 54% of residents of the Tohono O'odham Nation spoke English only (Table 13).

18 Women's Foundation of Southern Arizona. (2009). Status of women and girls in southern Arizona. Retrieved May 20, 2010 from [http://www.womengiving.org/docs/Status\\_of\\_Women\\_Report\\_Winter2010.pdf](http://www.womengiving.org/docs/Status_of_Women_Report_Winter2010.pdf).

19 Campbell, M., Haveman, R., Sandefur, C. & Wolfe, B. (2005). Economic inequality and educational attainment across a generation. *Focus* 23(3), 11-15.

20 *ibid.*

21 Galindo, C. (2009). English language learners' math and reading Achievement trajectories in the elementary Grade. Boston, MA: National Institute for Early Education Research. Retrieved May 22, 2010 from [http://nieer.org/resources/research/English\\_language\\_learners\\_math\\_reading\\_achievement\\_trajectories\\_elem.pdf](http://nieer.org/resources/research/English_language_learners_math_reading_achievement_trajectories_elem.pdf).

**Table 13. Percent of Population (ages 5+) where Language Spoken at Home is English only or Language Other than English, 2000**

LANGUAGE SPOKEN AT HOME	PERCENT OF TOHONO O'ODHAM POPULATION	AZ
Language Other Than English*	46%**	25.9%
English Only	54%	74.10%

Source U.S. Census Bureau 2000

\*And do not speak English at all

\*\*This does not mean that they cannot speak English well and includes any languages other than English (for example, Spanish).

Once a child goes to school in the Nation, there are two parallel education systems available to families, one is overseen by the Arizona Department of Education (the public school system); the other is overseen by the Bureau of Indian Education. Because these systems are not exactly aligned, and do not always link together perfectly, there are some inherent problems with children accessing schooling and switching between systems. As we look at educational attainment in the Nation, we must do so understanding the complexity introduced by having these two parallel systems.

One of the first opportunities to measure success in school is at third grade. And a child's attainment at third grade, especially in reading, is pivotal. Between kindergarten and third grade a child's schooling is focused on learning how to read. Once a child reaches 4th grade, they need to be able to read in order to learn in other subject areas. The results of the AIMS test (administered in 3rd grade in the public education system) are therefore an important predictor of educational success.

Table 14 shows us that in 2008, 58% of 3rd grade students at Indian Oasis-Baboquivari met or exceeded the AIMS standard in Math and 57% met or exceeded the AIMS standard in reading. This is lower than the statewide achievement level of 71% meeting or exceeding the standard in math and 69% meeting or exceeding the standard in reading.

**Table 14. Percent of 3rd Grade Students who Met or Exceeded AIMS Standards in Math and Reading, 2008**

	MATH: MET OR EXCEEDED	READING: MET OR EXCEEDED
Indian Oasis-Baboquivari Unified School District	58%	57%
Arizona	71%	69%

Source: Arizona Department of Education. Data included for all schools for which AIMS grade score achievement levels were published.

Because the Bureau of Indian Education does not utilize the same measurements of success as the Arizona Department of Education, the findings from both systems cannot be directly compared. However, we can see in Table 15 that in the 2005-2006 school year, between 25.17% and 38.69% of students in Tohono O'odham BIE schools scored proficient or advanced in reading. This compares to 35.87% in all Arizona BIE schools. Again, between 20.00% and 46.15% of students in Tohono O'odham BIE schools scored proficient or advanced in math. This is compared with 44.87% in of all Arizona BIE schools.

**Table 15. Percent of Children Proficient or Advanced in Reading and Math in BIE Schools (2005-2006 school year)**

	<b>READING: PROFICIENT OR ADVANCED</b>	<b>MATH: PROFICIENT OR ADVANCED</b>
Santa Rosa Boarding School, K-8	38.69%	31.11%
Santa Rosa Ranch School, K-8	35.90%	46.15%
San Simone School, K-8	25.17%	20.00%
All AZ BIE Schools	35.87%	44.87%

Source: BIE Report Card, 2005-2006 (most recent as of 4/19/10)

Interestingly, during key informant interviews, many interviewees noted that if children were accessing and receiving early childhood supports in a more timely way, the community could expect to see an improvement in the third grade reading and math AIMS scores. These measures are recognized as having value. Community stakeholders see a direct correlation between these scores and the quality of the region's early childhood environment and services (see later Future Benchmarks section).

Although much can be gleaned from looking at scores early in a child's education, we can also learn from data regarding high school students—these students are part of the education context, as well as being the Nation's future parents.

In 2007, 53% of students at Indian Oasis-Baboquivari school completed high school in four years. This compares to 70% in Sunnyside and 73% in public schools statewide (Table 16).

**Table 16. Percent of High School Students Completing in 4 Years, 2004, 2005, 2006, 2007**

<b>DISTRICTS</b>	<b>2004 RATE</b>	<b>2005 RATE</b>	<b>2006 RATE</b>	<b>2007 RATE</b>
Indian Oasis-Baboquivari	43%	48%	42%	53%
Tohono O'odham High School	NA	95%	NA	NA
Arizona**	77%	74%	70%	73%

Sources: ADE and Bureau of Indian Education School Report Cards.

\*\*Arizona includes ADE schools only

NA-data not available

Note: This table examines youth who started their freshman year and completed high school in four years. Tables do not include 5th year students. Calculations do not include students who transferred to other schools, died or were home schooled.

While many students in the Nation struggle to complete high school in four years, Table 17 shows us that there are also a high percentage of students that drop out completely. In the 2007-2008 school year, Indian Oasis Baboquivari had a drop out rate of 25% (up from 20% in 2006-2007). This is compared with a 4% drop out rate for Sunnyside.

Table 17. Percent of Students Dropping Out, 2004-2005, 2005-2006, and 2007-2008 school year\*

DISTRICTS	2004-2005 RATE	2005-2006 RATE	2006-2007 RATE	2007-2008 RATE
Indian Oasis-Baboquivari High School	22%	26%	20%	25%
Tohono O'odham High School	4%	5%	NA	NA
Arizona High School Rate**	6.9%	6.4%	5.6%	4.8%

Sources: ADE and Bureau of Indian Education School Report Cards.

\*\*Arizona includes ADE schools only

NA-data not available

Note: The Arizona Department of Education defines a drop out as a student who starts the school year enrolled in a school and does not end the school year enrolled in school. The ADE's calculation does not include children who have transferred to another school or who are out of school for extended periods due to illness.

# The Early Childhood System

## Introduction

Early childhood education programs can make a difference in the life of a child. Preschool experiences are designed to provide cognitive and social enrichment—to promote a child’s ability to succeed in school and prevent poor educational outcomes, such as school failure, unemployment, and poverty.<sup>22</sup>

The information presented in this section has been gathered through key informant interviews with childcare directors and service providers in the Nation as well as through focus groups and the parent survey.

## Key Findings

- Due to budget issues, the Head Start full-time program now operates Monday-Thursday from 8:30 – 2:00. In prior years, Head Start operated on a 5-day schedule.
- In February 2010, there were 45 children on the waiting list for Head Start.
- Between 2004 and 2010, the average cost of care increased slightly. The largest increase was seen in the average cost for a preschooler in a licensed center—from \$18.72 per day to \$24.00 per day.
- When looking for someone to care for their children, focus group participants noted that safety was their main concern noting, “It’s hard to find people you can trust. You try to find people who don’t drink.” After that they also listed affordability, proximity, nice people and surroundings and activities—“You want to trust that they’ll watch the kids, not the TV.” They also want to know that a provider is prepared, “If something happens—that they’ll know how to deal with it.”

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22 Lunenburg, F. (2000). Early childhood education programs can make a difference in academic, economic and social arenas. *Education* 120(3). 519-529.



## Access to Child Care

In February 2010, there were six Head Start centers and three Head Start home-based programs on the Nation. Although the Regional Partnership Council is currently working to increase the number of sites, this indicates a decline in locations over 2006-2007.

Table 18 shows us that in February 2010, there were 223 children enrolled in Head Start. It is important to note that due to a calendar change to match the local K-12 school district, the Head Start full time program now operates Monday-Thursday from 8:30 – 2:00—with Fridays being used for professional development. In prior years, Head Start operated on a 5-day schedule. Despite the reduced schedule, Head Start is well supported and viewed as a tremendous community asset. In the word of one key informant, “I like Head Start. I like the teachers—they’re patient. I like the way the rooms are colorful. It’s clean. I’ve been to other classrooms, and oh my gosh.”

**Table 18. Head Start—Locations and Children Served on the Tohono O’odham Reservation 2006-2007 and 2010**

	NUMBER OF CENTERS	NUMBER OF HOME-BASED PROGRAMS	TOTAL CHILDREN ENROLLED*	FULL DAY CARE (5 DAYS/6+ HOURS)
2006-2007	6	5	249*	163
Feb-10	6	3	223	0%**

Source: Tohono O’odham Head Start Performance Information Report (2006-2007) and interviews in 2010

\*Total enrollment during the year. 215 funded in centers and 52 enrolled in home-based program

\*\* Now operating 8:30 - 2:00 M-Th

There are two branches of childcare on the Nation; home based and Head Start, The Early Childhood Education Division Head Start provides oversight for all childcare. The Division provides training, certifications and licensing for both types of childcare provision.

In addition to Head Start, at the time of interviews for this report, there were 30 childcare centers and tribally approved family home providers (including group homes) operating on the Tohono O’odham Nation. This is an increase of 10 locations over 2006. All of the growth in childcare locations came from the increase in tribally approved family home providers (Table 19).

**Table 19. Number of Early Care and Educational Programs on the Tohono O’odham Nation 2006, 2010**

TYPE OF PROGRAM	2006	2010
Tribally licensed on reservation child care centers	5	5
Tribally approved Family Home providers	15	25
Totals	20	30

Source: Tohono O’odham Nation, Department of Education, Division of Early Childhood Development

In 2010, tribally licensed childcare providers operating on the Tohono O'odham Nation had the capacity to serve 136 children. This is a slight decrease over 2006 when the capacity was 142 children. It should be noted that according to key informants, the Childcare Division responds to need and key informants believe that this decrease could be a result of the increasing cost of child care and the economy.

**Table 20. Number of Children Served by in Tribally Licensed Child Care Programs, 2006-2010**

	2006**			2010		
	TRIBALLY LICENSED CENTERS	TRIBALLY APPROVED FAMILY HOME PROVIDERS (INCLUDING GROUP HOMES)	TOTAL*	TRIBALLY LICENSED CENTERS	TRIBALLY APPROVED FAMILY HOME PROVIDERS (INCLUDING GROUP HOMES)	TOTAL*
Approved Capacity	52	90	142	56*	80	136
Average Number Served	20	120	140	42	80	122

Source: Tohono O'odham Nation, Department of Education, Division of Early Childhood Development

\* TO also contracts with private providers, 20-25 spots depending on need

\*\* Data from 2008 Needs and Assets Report

In August 2010, there were 182 children on the waiting list for Head Start and 223 children on the Head Start roster (Table 21). Low-income children and those with special needs have priority enrollment in Head Start and the childcare operated through the Childcare Division.

Key informants noted that waiting lists could be reduced through additional funding. However, there is also a lack of building space to accommodate additional children.

**Table 21. Children on the Waiting List for Head Start (February 2010)**

<b>Children on Roster</b>	<b>223</b>
Children on Waiting List	182

Source: Obtained from interviews in 2010

## Cost of Child Care

In 2010, the average cost of care ranged from \$30.00 per day for infants in licensed childcare centers to \$15.00 per day in tribally licensed centers (children of all ages).

Between 2004 and 2010, average cost of care has increased slightly. The largest increase was seen in the average cost for a preschooler in a licensed center—from \$18.72 per day to \$24.00 per day (Table 22).

Table 22. Average Cost of Child Care 2004, 2006, 2010\*

SETTING TYPE AND AGE GROUP	TOHONO O'ODHAM NATION	TOHONO O'ODHAM NATION	TOHONO O'ODHAM NATION
	2004	2006	2010
<b>Licensed Centers (ADHS)</b>			
Infant	\$26.67 per day	\$29.75 per day	\$30.00 per day
Toddler	\$21.13 per day	\$26.98 per day	\$25.00 per day
Preschooler	\$18.72 per day	\$24.33 per day	\$24.00 per day
<b>Tribally Licensed Centers</b>			
Infant	\$10.00 per day	\$15.00 per day	\$15.00 per day
Toddler	\$10.00 per day	\$15.00 per day	\$15.00 per day
Preschooler	\$10.00 per day	\$15.00 per day	\$15.00 per day
<b>In-Home Care (ADHS)—provider goes to home of child</b>			
Infant	NA*	NA*	\$25.00 per day
Toddler	NA*	NA*	\$20.00 per day
Preschooler	NA*	NA*	\$18.00 per day
<b>Tribally Approved Family Home Providers—child goes to home of provider</b>			
Infant	NA*	NA*	\$25.00 per day
Toddler	NA*	NA*	\$20.00 per day
Preschooler	NA*	NA*	\$20.00 per day
<b>Tribally Approved Family Group Homes—in home of provider—more than 6 kids and 1 adult</b>			
Infant	NA*	NA*	\$25.00 per day
Toddler	NA*	NA*	\$24.00 per day
Preschooler	NA*	NA*	\$23.00 per day

Source: Tohono O'odham Nation, Department of Education, Division of Early Childhood Development

\*\*Assumes full time enrollment

NA\*—the data collected in previous FTF reports was not comparable to data collected in 2010

We understand that providing child care and preschool opportunities does not always lead to significantly improved outcomes for children. Those child care and preschool opportunities need to be of a high quality. One measurement of quality is through accreditation by the National Association for the Education of Young Children. In 2010 there are no NAEYC accredited programs in the Tohono O'odham Nation (Table 23).

**Table 23. National Association for the Education of Young Children (NAEYC) Accredited Child Care Programs (April 2010)**

Number of Child Care Programs Accredited by NAEYC	0
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Source: NAEYC website ([www.naeyc.org](http://www.naeyc.org)); data accessed 4/21/10; zip codes 85634, 85639, 85746

Accreditation speaks to one way of ensuring quality. Another way of doing this is by working to increase the numbers of providers with early childhood credentials. During key informant interviews, the research team asked childcare directors to share information about professional development opportunities available for staff.

## Professional Development

*“By upgrading their skills, staff have so much more to offer the children.”*

—Key informant

According to key informants, there are many opportunities on the Nation for early care providers to receive professional development. In the words of one key informant, “Head Start and the Childcare Division provide staff with a great deal of opportunity for professional growth.” The following opportunities were most frequently mentioned in the primary data collection:

- **Head Start**—All Head Start providers are engaged in professional development that is funded through the Nation.
- **Tribally Licensed Centers**— Providers on the Nation have the opportunity to take college courses towards their Infant Toddler Certificate or Associates Degree. Most pursue these through the Tohono O’odham Community College. If a provider is not enrolled in classes through the college, they must still participate in 40 hours of professional development a year. It should be noted that this is significantly higher than the 12 hours a year required by the state for licensing.

All staff in the Tribal Childcare Centers are enrolled in the Infant Toddler class at the Community College, taking classes toward their Associates Degree or enrolled in Child Development Associate (CDA) classes. According to one key informant, “Since FTF started, more staff are now upgrading their education by obtaining their CDA and BAs . . . Now that FTF has come and encouraged our staff, so many staff are upgrading their education . . . They really wanted to do it, and they like it . . . and it’s making such a difference.”

- **Family Home Providers**—In the focus group with family home providers they were exceptionally enthusiastic about the quality and quantity of useful training provided through the Tohono O’odham Homecare Provider Program (of the Childcare Division). Training and workshops include topics such as: first aid and CPR, health and safety, playground safety, home safety, equipment safety, emergency safety for children, and nutrition. Given the high rate of diabetes in the community, many workshops are provided on the topic of nutrition, to improve the health knowledge and dietary habits. Focus group participants also shared that they have received training and workshops provided by the Easter Seals Blake Foundation and Child and Family Resources.
- **Private Centers**—Although professional development requirements may vary from center to center, the state requirement for licensing is a minimum of 12 hours a year of professional development.

Tohono O’odham Community College (TOCC) is the primary provider of professional development in the Nation, although Pima Community College is also accessible. Currently Tohono O’odham Community College is in the process of launching its own Infant Toddler Certificate. This Certificate has

been designed specifically for providers in the Nation and includes 28 hours of infant toddler courses as well as seven hours of Himdag to ensure that providers are also teaching the cultural components to the Nation's youngest children. This is provided by members of the Nation. The first class, Stages of Human Development, Attachment and Bonding, was offered in spring 2010; 22 providers enrolled.

In addition to the above, it should also be noted that there are two Quality First Centers in the Nation (Sells and San Xavier) in addition to two family home providers enrolled through Quality First. Although the Tohono O'odham Community College is not yet a part of T.E.A.C.H., the application is currently being completed and the College is hoping to offer scholarships in the future.

Finally, a few key informants made special note of the fact that in the last couple of years there has been more transportation available for childcare providers and center staff members to attend their training sessions and workshops. This is seen to be making a huge difference, enabling childcare providers to upgrade their skills. Though there has been a major improvement, key informants note that transportation to trainings remains an issue. Many providers have to travel long distances to attend training sessions, and transportation is key to their attendance.

## What's Missing?

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Although much is being done to improve the early care and education environments across the Nation, key informants and focus group participants would like to see more:

- **Capacity**—There is great demand for high quality childcare across the Nation. Key informant interviewees and focus group participants are supportive of efforts to increase capacity, especially in Head Start, and would like to see Early Head Start on the Nation.
- **Supporting Homecare Providers**—Homecare providers see a need for organized "get-togethers" with other children and parents. In addition they would like to go on more field trips, have fenced in yards to allow children in their care to safely play outside, and have a library for young children's books and resources. They also spoke of the need for a place for children's activities "where the children can move and express themselves as well as more physical space"—this is echoed by other key informants who feel that the Recreation Centers could be a greater asset for children 0-5.

# Supporting Families

## Introduction

Parenting is complex. We understand that parents sometimes need support. This is especially true when families are struggling to make ends meet and are facing the extra stressors and barriers associated with living in a rural community.

## Key Findings

- Homecare providers shared that parents want to make sure their children are learning how to write, to count, and to know their colors. They want to make sure that their child is ready to enter school, and they want to make sure their child is progressing.
- There is tremendous community support for Head Start—for increasing the capacity of existing services and also bringing Early Head Start to the community.
- There have been policy decisions that are making things better for families and their young children—this indicates growing community awareness.

There are many programs in place in the Nation that are making a difference for children ages 0-5 and their families. For the purposes of this report we have divided these into two categories:

- **Family Support Programs**—For example, special needs and health services.
- **Parenting Programs**—Programs designed to improve parenting skills and the capacity of parents to be positively involved in the lives of their children.

In addition, this section includes an overview of the following:

- **Policies Supporting Families**—Key informants noted that some policies have been implemented that are having a positive impact on families in the Nation.
- **Family Support Successes**—Key informants and focus group participants shared their perceptions of areas where they see progress being made for children 0-5 in the Nation.
- **Future Benchmarks**—Key informants were asked what changes they could expect to see in the Nation if children were better able to access and receive early childhood supports.
- **What's Missing**—Key informants and focus group participants were asked to provide information on services not yet in place but that could have the potential to improve the outcomes for children.

## Family Support Programs

*“We have lovely kids who are born with the same birth-right and intelligence as you and I. By the time they get to age 8 or 9 the lights have gone out. Where do the lack of self-efficacy and self-esteem come from?”*

—Key informant

*When I was a child I lived in a little mud house of the Nation. It was infested and there were holes in the walls. We had to boil water on the stovetop for baths. My Mom didn’t have a job. I saw her struggle. We ate beans and rabbit every day. Things have improved some. But some people still live like this, with no running water, no transportation. They can’t afford to buy their kids a school uniform.*

*Now, as a parent, I’m trying to give my kids all the things I didn’t have. Everyone is surviving, but there’s a lot of sacrifices parents have to make. First you take care of shelter, food and housing. Then you make do. I have clothes that I make do with because I make that sacrifice. I don’t care if my shoes have holes. You have to have the mindset that you can do better.*

*At high school I didn’t think I needed to go to college, but I want my child to have it. It’s something that I didn’t get—as a child my job was to go to school and get good grades. I want more for my child. People who meet her can see that she’s going to do something in the world.*

—Key informant

In addition to the primary data collection strategies implemented for this report (focus groups, key informant interviews and a parent survey), the research team also used a First Things First initiated survey—the First Things First Family and Community Survey (2008). Although the results of the survey could not be disaggregated to represent members of the Tohono O’odham Nation (because of small numbers), it does offer some findings from native communities across Arizona. Of particular interest are the following data:

- About one-third of respondents from Arizona Indian Reservations somewhat or strongly agree that services are easy to locate (36%) and that the services are good (35%).



However, this is lower than the statewide responses to these questions.

- Respondents from Arizona Indian Reservations, generally were able to find providers who speak their language, able to find prevention services, and knew they were eligible for services.
- Finally, respondents from Arizona Indian Reservations feel that they are asked to fill out too much paperwork (40% strongly agree), and they have a hard time finding services that reflect their cultural values (29% strongly agree).

These findings were reiterated through key informant interviews, focus groups and the parent survey. When asked what programs are supporting families and making a difference for children ages 0-5, many were mentioned. Here are some of those that interviewees and focus group participants most frequently referred to:

- **Head Start**—There is overwhelming support for the positive outcomes that Head Start is able to provide. In the words of one key informant, “There’s more understanding now that Head Start is available and people seem less afraid of it.” This response is reflected in the parent survey with 36.36% of respondents stating that Head Start plays a role in helping them raise their child. Head Start was noted for its curriculum and ability to increase the pre-literacy skills of the children served. It is also recognized that First Things First has helped Head Start increase their capacity. However, many people spoke to the waiting list and capacity issues. There are currently 182 children on the waiting list and it should also be noted that due to budget issues, the Head Start full-time program now operates Monday-Thursday from 8:30 – 2:00. In prior years, Head Start operated on a 5-day schedule. In spite of this, all key informants are supportive of the program and there is tremendous community support for bringing Early Head Start to the Nation.
- **Childcare**—Families in the Nation have a range of childcare options (described in the earlier The Early Childhood System section). There is growing awareness that having a child in a high quality childcare and preschool setting has a positive impact on the outcomes for that child. The childcare centers work to help ensure that children are ready to enter school, make the transition from the center to the school setting as easy as possible, provide information and resources to families, help them access services for their children (such as special needs services), and engage families.
- **The Indian Health Services (IHS)**—Key informants spoke of the need for children to have a medical home, as provided by the IHS, and again and again the IHS was noted for its programs. Key informants noted the value of wellness checks and vaccines, the opportunity for doctors to interact with and support parents, their support of the Securing Tohono O’odham People (STOP) program, the IHS’s ability to connect parents with information and services needed, and their collaboration with other agencies in the Nation. The IHS was also noted for its partnerships, specifically those aimed at helping improve literacy in the Nation, including Reach Out and Read (ROAR). This program provides appropriate books for children 6 months through 6 years at well child visits. The IHS was also commended for having donated books, available for taking, in the lobby of the hospital.
- **Services for Children with Special Needs**—Key informants noted that, “Special needs children are not a big secret any more.” And again, “You see families bringing their kids to Child Find. They understand the importance.” Key informants spoke directly of the services, and referral services, provided by Head Start, the IHS, Child Find, the Easter Seal Blake Foundation, Child and Family Resources, Desert Survivors and the Nation’s Special Needs

Department.

- **Women, Infants and Children**—WIC is one of the foundational services for families with young children. Many noted its impact on young children, with 40% of parent survey respondents noting that the WIC program to be most helpful in raising their child. In addition to providing nutritional services through its clinic-based and mobile unit, it is also perceived as a community conduit for information, and was noted for its work to connect families with services. WIC also has a long history of promoting breastfeeding. According to one key informant, approximately 30% of women on the Nation currently breastfeed. Breastfeeding is incentivized through the program and WIC has a breastfeeding counselor who works with mothers. In the words of one key informant, “Sometimes mothers think breastfeeding takes too much time and they end up propping the baby up with the bottle. They’re too busy and have other kids.” The counselor is able to work with mothers to promote the nutritional and bonding advantages that breastfeeding provides. WIC was also noted for its efforts to bring healthy eating habits to children of the Nation through Head Start. The program partners with the Pisinemo Head Start to read children a book about healthy eating and have the children eat and taste the foods explored in the book; this is matched with physical activity. Although WIC does not have the capacity to offer the service at all centers, there is an increasing awareness that the Nation needs to be addressing healthy eating with its youngest children and a train-the-trainer model could be explored.
- **Healthy O’odham Promotion Program (HOPP)**—A couple of key informants mentioned this diabetes prevention program, designed to provide primary prevention, education, nutrition and fitness services to promote healthy lifestyles.
- **Securing Tohono O’odham People (STOP)**—This is a collaborative effort between WIC, the Health Department, Head Start, the police and the IHS. There are two components of the program that key informants discussed for this report—Sleep Safe and Ride Safe. Both programs are based on best practices. Sleep Safe aims to have all children on the Nation sleeping in a home that has a photoelectric smoke detector. Ride Safe aims to have every child that takes a ride in a car doing so in a safe car seat. Through Ride Safe, families are provided car seats (and are not allowed to leave the hospital with a newborn without one). Head Start staff have been trained as car seat technicians to assure well-fitted car seats. STOP also implements parallel DUI prevention strategies on the Nation.
- **Tohono O’odham Community Action**—TOCA works to support the heritage of health passed down through the Tohono O’odham Himdag, which includes sharing traditions, with a particular emphasis on desert foods, native sports, and cultural arts. The agency works with local health, education, business, and wellness institutions.
- **Intermountain Centers for Human Development**—This behavioral health provider offers services for children both inside and outside of Child Protective Services. They use strengths-based behavioral therapy and try to make treatment as positive as possible. For children ages 0-5 they provide respite care and health promotion as well as case management. Through this work, they also do parent skills education, such as coaching and modeling. In addition, they have worked with individual parents on positive discipline, conflict resolution, understanding cycles of abuse in the home, and child soothing and healthy nutrition behaviors. In the future they hope to offer parenting skills education groups.
- **The University of Arizona (U of A) Cooperative Extension**—The University of Arizona (U of A) Cooperative Extension is operating several programs to support community health in Pima County. They currently operate community nutrition education programs in schools and in coordination with community organizations. They have been partnering with schools on the

Nation to provide nutrition education to students and adults, and to increase awareness of healthy cooking and eating.

- **The Tohono O’odham Vision Screening Program**— Initiated in 1994, this program offers vision screening for astigmatism for children on the Nation, where there is a high rate of astigmatism. Over the years, the National Eye Institute of the National Institutes of Health has provided funding for doctors at the University of Arizona to work in collaboration with the Tohono O’odham Nation, the Tohono O’odham Early Childhood Head Start Program, and the schools on the Tohono O’odham Reservation to conduct studies to better understand how astigmatism and amblyopia develop in Tohono O’odham children, and to better understand how and when amblyopia is best treated in Tohono O’odham children.<sup>23</sup> As of April 2009, The Tohono O’odham Vision Screening Program had provided 5,805 eye examinations and over 5,000 pair of eyeglasses to children on the Nation.<sup>24</sup>

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23 The Tohono O’odham Vision Screening Program, (n.d.). The University of Arizona 2005-2010, Retrieved July 1 from <http://www.eyes.arizona.edu/Research/visualdevelopment/tovsp/tovsp.html>

24 Miller, J. M. (n.d.). The Tohono O’odham Vision Screening Program 1997-Present. University of Arizona

## The Status of Child Abuse and Neglect on the Nation

*“The sooner we reach these children and connect them to the services they need, the better. We need to find a child permanent placement before they get older.”*

—Key informant

One perspective of how well services are supporting children and families can be gained by looking through the lens of documented child abuse and neglect.

In 2009, 579 children were reported abused or neglected on the Tohono O’odham Nation. Of these, 14% (82 children) were ages 0-5 (Table 24). To avoid children falling through the cracks, the Child Welfare Division developed a Business Mapping process in June 2008. This has created more reliability when investigating cases, case management, and consumer quality assurance.

**Table 24. Reports of Child Abuse and Neglect, ages 0-5 and all Children, 2007, 2008, 2009**

TOHONO O’ODHAM NATION	2007	2008	2009
Number of Reports Received – Ages 0-5	186	80	82
Number of Reports Received – All Ages	624	360	579

Source: The Tohono O’odham Nation Department of Health and Human Services, Child Welfare Division

Table 25 shows us that in 2009, 30 children under age 6 were placed in foster care. This number denotes an increase from the children in foster care in 2007 and 2008.

**Table 25. Number of Children Placed in Foster Care, Ages 0-5, 2007, 2008, 2009**

	JANUARY 2007	AUGUST 2008	2009
Tohono O’odham Nation	24*	24*	30*

Sources: The Tohono O’odham Nation Department of Health and Human Services, Child Welfare Division

\* Based on the number of children removed from the home ages 0-5 years

According to key informants, there are opportunities to improve services for children in the CPS system on the Nation. One key informant noted the need for a children’s residential facility on the Nation that could be used as a hub for services such as parenting classes. They envision this as a “training ground for parents, a reunification center.”

## Parenting Programs

*“Our parents have a cultural and ancestral responsibility to be good parents.”*

—Key informant

*“The most positive impact on our young children occurs when the parent or guardian is informed and skilled at parenting.”*

—Key informant

*“Parent involvement is key to helping children grow healthy and become educated. We need to have parents get together with planned activities for their babies and young children—this would have a major impact on the children and the parents. This is a need that is really apparent.”*

—Key informant

Parents are a child’s first teacher. We understand that children are more likely to succeed when their parents are engaged in their life and education. However, there is an underlying concern on the Nation that many parents lack some of the skills needed. In the words of one key informant, “Some families just don’t know how to support their children and deal with the behavior.” There are some programs in the Nation that have been designed to teach parents some of the “essential parenting skills” that will allow their children to succeed. Programs most often noted include:

- **Family Home Providers**—Monthly workshops are provided, to which parents are invited. The goal of the workshops is to educate the providers on subjects like early brain development. Parents have access to all these trainings.
- **Family Preservation Program**—This branch of the Child Welfare Division provides family support services for families who are being served by the Child Protective Services system. Their parent classes run from 6-8 weeks and most emphasize parent choice—in the words of one key informant, “It’s about parents making good choices for their children.” Most notable of the programs offered are “Positive Indian Parenting” which, through the use of storytelling, helps parents understand the issues around generational trauma, and “Motherhood is Sacred” and “Fatherhood is Sacred”.
- **Childcare**—Both Head Start and the Childcare Division realize the potential impact they have on parenting and provide opportunities for parents.

It should be noted that although the public schools may offer some additional parenting program options, these were not mentioned by any key informants during interviews.

## Policies Supporting Families

Key informants also noted that there have been some policy decisions that are making things better for families and their young children:

- **Professional Development in Head Start**—It is very encouraging that the Tribe pays for all the professional development of Head Start providers on the Nation.
- **Breastfeeding Resolution (1998)**—Through this resolution the Nation agreed that for mothers employed by the Nation, as long as a mother is breastfeeding, she can bring her newborn child to work for the 6 months, or if this is not feasible, be given time off to pump.
- **Healthy O’odham Promotion Program**—According to this resolution, employees of the Nation are entitled to 1 ½ hours-per-day off for exercise. Although key informants perceive the program to be underutilized, it does reinforce other efforts and show increasing awareness of the importance of exercise.
- **Tohono O’odham Taking Ownership**—This community-based obesity prevention program has gone through the Tribal Legislature and is trying to make P.E. a part of the weekly curriculum in all K-12 education on the Nation.
- **Car Seat Law (2007)**—This resolution aligns car seat safety laws on the Nation with Arizona laws, putting in place seat belt laws as primary laws, therefore allowing police intervention for non-use of seat belts. The resolution also reduced the legal blood alcohol count that defines DUI from 0.1 to 0.08 (ppm).

Key informants also noted that although not yet a policy, the Tohono O’odham Community College emphasizes sugar free sodas in their vending machines and that this reflects a movement to have them stocked with healthy and low calorie drinks and water.

Despite some policy successes, key informants generally feel that there is still work to be done to increase awareness of the importance of high quality early health and education services and programs for the Nation’s youngest children. They also noted the need for Tribal Council to become fully engaged in this—to become true advocates for their children.

## Family Support Successes

*"You have to work with parents. It's difficult sometimes to have them understand that there isn't a quick fix, or a simple solution, to their child's behavior."*

—Key informant

Parents want their children to be successful. In the parent focus group, parents shared a proud moment—a moment when they helped their child to learn something new.

*"I was helping my niece learn to ride a bike. She fell off and I encouraged her to get back on again. She was so proud of herself."*

*"My three year-old-daughter is learning to talk O'odham. I point things out for her and say the words and she repeats them."*

*"My children are not afraid to show their emotions, to dance and be themselves. They're not afraid of what people might think. I help them be able to express themselves."*

*"My six year old boy had perfect attendance at school. I congratulated him and showed him I was proud. Now he wants to go to school because they reward him."*

Key informants and focus group participants were also asked to identify places where things seem to be improving for families in the Nation and to identify the mechanisms that were leading to this success. Participants identified the following improvements:

- **Childcare**—It is well understood on the Nation that the earlier a child receives services the better. Although the Nation does not have the capacity to meet all childcare needs, there is clear agreement regarding the importance of high quality early education. In the words of one key informant, "For children who have an opportunity to go to preschool—we see them being better able to transition to school."
- **Identifying Special Needs**—Key informants recognize the value of identifying and treating special needs as early as possible and are supportive of efforts to do this. Although there have been issues around the capacity of service providers in the Nation, there is a clear understanding of the benefits of early diagnosis and treatment.

- **First Things First**—There is tremendous support for First Things First and the work it is doing in the Nation to increase the positive outcomes for children 0-5. Key informants spoke of the changes that have taken place with the support of FTF, including transportation to professional development opportunities, increased training and professional development for childcare providers and staff, and increased presentations and workshops for the public that are helping them learn life and parenting skills.
- **Nutrition Awareness**—There is increasing awareness regarding the importance of diet and exercise for diabetes prevention and overall wellbeing. In the words of one key informant, “There’s growing awareness on the Nation that taking care of yourself and diet is important.” Of particular note is the work of the Tohono O’odham Community Action. Through funding from the W. K. Kellogg Foundation (\$475,000 over three years), the agency is working to bring cultural foods back into the schools and Head Start and to bring gardens to the Nation’s schools.
- **Read Program**—This program allows people employed by the Nation to go into schools and read to the children there. It shows an awareness of the importance of literacy and builds the capacity of the Nation’s employees to connect with children around reading. In the words of one key informant, “We have lots of pieces in place around literacy that could be made more robust. We need to have the kids entering school literate enough already to make it fun. We lose kids around middle and high school. Some of them have never really had a chance to learn to read.”
- **Month of the Young Child**—Key informants see this initiative as having tremendous potential for increasing awareness among parents and connecting them to needed services.
- **Tohono O’odham Community College**—Key informants noted their ability to meet the professional development needs of the early childhood system and do so in a culturally appropriate way.

## Future Benchmarks

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It is interesting to note that when parents and key informants were asked what changes they could expect to see if children 0-5 were accessing and receiving services in an optimal way, they would expect to see change in the following areas:

- **School Readiness**—Although there are no statewide measurements of school readiness, key informants agree that improving early education services would mean that children would enter school with more of the basic skills necessary for success. According to key informants, there is an interest in using a single measurement across the Nation.
- **AIMS**—There is general agreement that improving services for young children and families would produce an improvement in the AIMS scores of the Nation’s schools.
- **Truancy and Drop-outs**—As the Nation is better prepared to have children enter school ready to learn, key informants believe that the benefits would be seen all the way through high school. This could be identified by lower rates of truancy and drop-out.



## What's Missing?

Finally, key informants were asked to provide information around services that are not yet in place but have the potential to improve the lives of children 0-5 and their families. Those most frequently noted included:

- **Adequate Special Needs Services for Children**—There is a general consensus among key informants that the earlier a child's special needs are identified the better. In the words of one key informant, "If we can identify special needs when kids are really young, it can really make a difference." However, those interviewed generally feel that the providers in the area do not have the capacity to adequately meet the need. During the research for this report, one parent noted that they had to wait a year for their child's special needs assessment. Additionally, a number of key informants reflected that those serving the Nation still have a ways to go in regards to education and awareness—helping parents and providers identify what normal looks like and what different looks like. In the words of a focus group participant, "The system is broken. We don't have state follow-through. Kids don't get the services they need. We have waiting lists of children just waiting to be screened. Lots of children get referred."
- **Bringing Agencies Together**—Although there is a history of partnering in the Nation, key informants spoke of the need to increase these efforts so that "the left hand knows what the right hand's doing."
- **Safety**—There are concerns regarding safety on the Nation. In the words of one key informant, "Things are falling apart on the border. There are places on the border that people won't go to at night. Things get stolen. Officers don't understand the traditions of the Tohono O'odham and there are tensions." Parent survey respondents reiterated this concern, with 80.6% of respondents stating that safety, crime and gangs are a major concern for them. In the words of one parent, "Nowadays drugs, violence and abuse seem to grow more everyday."

Additionally, key informants noted that they see families involved in the drug trade, engaged in the transportation of illegal immigrants and engaged in gang activities. In the words of one key informant, "We have at least 26 gangs on the Nation," and another, "You see babies coming in for services and they've been dressed in gang colors."

- **Transportation**—Among the key informants, it was noted that transportation provides a significant challenge. Some mentioned the need for a free shuttle service so parents living in isolated villages can access reliable services and hence have their family's needs met.
- **Evidence-based Teen Childcare Program**—A number of key informants noted the need for an evidence-based teen childcare program, so teen parents can complete their high school education, or GED, receive instruction in positive parenting and have their children cared for in a high quality childcare facility. In the words of one key informant, "We need to catch future parents as early as we can." Concerns regarding teen parents and their ability to care for their children were shared by parent survey respondents—19.4% of parents expressed a concern over teen pregnancy. In the words of one parent "My main concern is the teen pregnancy, they're too young to have kids because they really don't know anything and most of them leave it up to their parents to raise the kids."

Although there used to be a teen parent program in place in the high school it was cut a few years ago. However, there are models that were mentioned that would help meet this need, such as

Tucson Unified School District's Teen Age Parents (TAP) program. It is also hoped that if such a program were implemented, it could serve as a model for other childcare centers.

- **Diabetes Prevention Program for Children**—It was noted that the grant-funded program for youth (STEPS) that targeted children up to age 15 with asthma and diabetes no longer has funding and that this has left a gap in services.
- **Village Community Centers (the Recreation Centers)**—Key informants are supportive of the potentially significant role that the Recreation Centers could play for children 0-5 on the Nation. However, there are concerns—currently there is insufficient supervision and they are understaffed. This is seen as a missed opportunity and there is support for exploring more robust 0-5 opportunities that could be offered in partnership with the centers. In the words of one key informant, “It’s a struggle helping families recognize what it is to be a family. They go to the grocery store together, but that’s it. They drop their seven year old off at the Recreation Center and leave. The Recreation Centers could be doing much more.”
- **Parenting Programs**—Family restoration focus group participants noted that the programs that they participate in ought to be made available to every parent on the Nation. Other key informants share this thought, “We need a good parenting program. Not just for court referrals but for all young parents.” And again, “I’d love to see more active engagement of teen parents (and all parents) with organized activities and get-togethers.” Key informants believe this would increase parent involvement, make parents, especially teen parents, feel less isolated and provide a supportive place for parents to go with their children. Particular skills that were discussed as relevant for parents included: communication skills and being able to recognize non-verbal cues, setting up social networks and engaging natural helpers, the use of positive rewards and motivations, recognizing the need for preventative health care, positive discipline, and anger management. The Recreation Centers were mentioned as one possible avenue for this.
- **Better Transition Programs for Entering School**—Focus group participants spoke of the need for more consistent transition programs. In their words, “We need to do a better job. At the moment we provide one day of transition help at Head Start, in some centers maybe just an hour, and we need to work with the schools to improve this.” Parents concurred, “It can be overwhelming for children. We need to find ways of making them feel more comfortable with the transition.”
- **Cultural Heritage**—A number of key informants and focus group participants spoke of the need to keep the language and culture alive. In the words of one, “We need to teach about our culture and show we value it, beginning at birth.”
- **Grandparents Raising Grandchildren**— In 2000, 859 Tohono O’odham grandparents lived in households with their grandchildren and 37% had primary responsibility for them. This has implications for programs intending to improve the outcomes for the Nation’s children. In addition to their work around nutrition and schools, the U of A Cooperative Extension also operates programs to support grandparents raising grandchildren in Pima County. This program, called Grandparents Raising Grandchildren, funded by Pima County Community Services Block Grant, provides a resource manual in English and Spanish in support of grandparents raising grandchildren and agencies providing services to kinship families. The U of A is interested in expanding these services to the Nation, if funding were available.

In addition to the above, key informants spoke of the daily stressors of living in rural poverty. In the words of one key informant, “Families are not focused on child development. They’re focused on getting food on the table.” For another key informant, “Daily safety is a distraction that stops other

things from happening. Education just isn't a priority." This prioritized focus—or pyramid of need—has been widely researched.

Maslow first created his pyramid of needs in 1943. It has since been revised. His hierarchy of nested needs creates a system where a greater level need cannot be met before the earlier ones have been taken care of. Maslow's basic needs in order of priority are as follows:

- **Physiological Needs**—These are biological needs— oxygen, food, water, and a relatively constant body temperature. They are the strongest needs that first need to be met.
- **Safety Needs**—When all physiological needs are satisfied, the needs for security can become active. Adults have little awareness of their security needs; children often display the signs of insecurity and the need to be safe.
- **Needs of Love, Affection and Belongingness**—When the needs for safety and for physiological well-being are satisfied, the next class of needs for love, affection and belongingness can emerge.
- **Needs for Esteem**—When the first three classes of needs are satisfied, the needs for esteem can become dominant. These involve needs for both self-esteem and for the esteem a person gets from others. When these needs are frustrated, the person feels inferior, weak, helpless, and worthless.
- **Needs for Self-Actualization**—When all of the foregoing needs are satisfied, then and only then are the needs for self-actualization activated. Maslow describes self-actualization as a person's need to be and do that which the person was "born to do." If a person is hungry, unsafe, not loved or accepted, or lacking self-esteem, it is very easy to know what the person is restless about. It is not always clear what a person wants when there is a need for self-actualization.<sup>25</sup>

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25 University of Hawaii Honolulu Community College. (n.d.). Maslow's hierarchy of needs. Retrieved 6/8/10 from <http://honolulu.hawaii.edu/intranet/committees/FacDevCom/guidebk/teachtip/maslow.htm>

# Health

*“Health and wellbeing are directly connected to our children being able to flourish in school.”*

—Key informant

## Introduction

Health is key to future success. When the basic needs of children 0-5 are not met, their ability to flourish in the future is undermined. Research indicates that infant health factors have effects well into adulthood, including impacts on educational attainment, earnings, and employment<sup>26</sup>.

Data in this section of the report relies heavily on that available through the Arizona Department of Health Services. Where available, we have used data from the Indian Health Services.

## Key Findings

- In 2008, 22% of births on the Nation were to teenage mothers and 6% of children born were of low birth weight.
- In 2008, 57% of mothers started prenatal care in the first trimester.
- As of this report, it is estimated that there are 1,000 homes on the Nation without potable water and 300 without bathrooms.
- Currently 76% of Tohono O’odham 6th- 8th graders are overweight or obese.

## Births and access to Prenatal Services

In 2008 there were 338 births on the Tohono O’odham Nation (Table 28). This is a decrease of 54 births over 2006. Of these 338 births, 22% were to a teen mother (under age 20), which is comparable to the 20% rate of births on reservations across the state.

Prenatal care is essential for monitoring the health and wellness of the pregnant mother as well as the unborn child. On the Tohono O’odham Nation, the 2008 rate of mothers starting prenatal care in the first trimester was 57%. This is comparable to the rate of 61% at reservations across the state (Table 26). This access to prenatal care was reflected in key informant interviews, where a number of interviewees highlighted access to services in the four IHS health clinics.

26 Currie, J. & Hyson, R. (1999). Is the impact of health shocks cushioned by socioeconomic status? The case of low birthweight. The American Economic Review 89(2).

According to an article published in the American Journal of Public Health, prenatal care has a significant impact on the birth weight of the infant.<sup>27</sup> And the repercussions of low birth weight extend well into adulthood. Research shows that low birth weight comes with higher rates of “subnormal growth, illnesses, and neurodevelopmental problems.”<sup>28</sup> In 2008, of children born on the Tohono O’odham Nation, 6% were born with low birth weight (Table 28).

**Table 26. Number of Births, Percent of All Births to Women Under Age 20, Percent Receiving Prenatal Care, Percent Born Low Birth Weight, 2006 and 2008**

		<b>TOTAL BIRTHS</b>	<b>TEEN MOTHER (19 YRS OR YOUNGER)</b>	<b>STARTED PRENATAL CARE IN 1ST TRIMESTER</b>	<b>LOW BIRTH WEIGHT (LESS THAN 2500 GRAMS)</b>
Tohono O’odham Nation on Reservation	2006	392	83 (21%)	263 (67%)	31 (8%)
	2008	338	75 (22%)	193 (57%)	21 (6%)
Total AZ on Reservation Births	2006	4,063	818 (20%)	2557 (63%)	288 (7%)
	2008	4,095	835 (20%)	2511 (61%)	286 (7%)

Source: Arizona Department of Health Services, Characteristics of American Indian Newborns and Mothers Giving Birth by Place of Residence

In 2007-2008, 624 children ages 0-5 visited an IHS clinic or hospital. These children accounted for 3,840 visits—or about 6 visits per patient (Table 27).

**Table 27. Number of Visits and Patients at IHS Clinics and Number of Patient Visits at IHS Clinics for Patients Under age 6, 2007-2008**

	<b>JUNE 2007-MAY 2008</b>	
<b>HOSPITAL OR CLINIC</b>	<b># VISITS</b>	<b># PATIENTS</b>
Sells	1,569	270
San Xavier	2,107	323
Santa Rosa	164	31
<b>TOTAL</b>	<b>3,840</b>	<b>624</b>

Source: Indian Health Services, Tucson Area, Sells Service Unit

Note: Updated data was not available.

27 Showstack, J. A., Budetti, P. P., & Minkler, D. (1984). Factors associated with birthweight: an exploration of the roles of prenatal care and length of gestation. *American Journal of Public Health*. 74(9), 1003-1008.

28 Hack, M., Klein, N.K. & Taylor, H.G. (1995). Long-Term Developmental Outcomes of Low Birth Weight Infants. *The Future of Children* 5(1), 176-196.

## Access to Public Health Benefits

In light of the poverty statistics noted earlier in this report, we would expect that families on the Nation may struggle to afford health expenses, and that this may be reflected in the AHCCCS, Kids Care, and Medicare uptake rates.

In 2009, 37% of residents on the Tohono O'odham Nation were enrolled in AHCCCS. This is higher than the statewide rate (21%) and a substantial increase over the Nation's 2005 rate of only 19%. In 2009, 3% of children were enrolled in Kids Care; this is similar to the statewide rate and identical to the Nation's 2005 rate (Table 28).

**Table 28. Percentage of Population Enrolled in AHCCCS, Kids Care and Medicare 2005, 2009**

	2005			2009		
	AHCCCS	KIDSCARE	MEDICARE	AHCCCS	KIDSCARE	MEDICARE
Tohono O'odham Nation	19%	3%	13%	37%	3%	NA
Arizona	18%	4%	11%	21%	2%	13%

Source: Arizona Department of Health Services, Primary Care Area Statistical Profile

## Health Care Service Availability

The availability of health care services affects the quality of life and health of a community. IHS data was not available at the time of the report. According to key informant interviews, most families access services through the IHS Hospital in Sells, which provides general medical and primary care on an inpatient and outpatient basis, and the four IHS clinics in San Simone, Santa Rosa, San Xavier and Sells. In addition, the Nation has a population to provider ratio of 1,069 to 1, which is substantially lower than the statewide ratio of 639 to 1. In the Nation, there were also 18 registered nurses and 2 dentists (Table 29).

The number of dentists was recognized as a need by key informants—"We see kids of 16, 17 and 18 needing root canals. We ask them, 'When did you last go to the dentist?' Some of them don't remember ever going."

**Table 29. Health Care Services Availability, 2009\***

	TOHONO O'ODHAM	ARIZONA
Primary Care Providers (FTE)	12.8	10,467
Registered Nurses	18	58,441
Dentists	2	3,633

Source: Arizona Department of Health Services, Primary Care Area Statistical Profile (\*does not include IHS sites)

## Immunizations

In the Fiscal Year 2009, 89% of children ages 19-35 months in the Tucson IHS Service Area received their age appropriate vaccines. This is higher than the national IHS rate of 79%. Comparing these rates to U.S. National rates of 65.7% and Arizona state rates of 66.4%, which are down from Fiscal Year 2008 rates of 77.2% and 73.2% respectively, (source CDC at [http://www.cdc.gov/vaccines/stats-surv/nis/data/tables\\_0809.htm](http://www.cdc.gov/vaccines/stats-surv/nis/data/tables_0809.htm)) it appears that Tohono O'odham children lead the nation in vaccine coverage. Nonetheless, the drop from 93% to 89% means that there remain challenges to providing maximal protection from vaccine preventable diseases in our population (Table 30).

**Table 30. Percentage of Children (Ages 19-35 months) Receiving Age Appropriate Vaccines, FY2008 and FY2009**

	FY08	FY09
Tucson IHS Service Area	93%	89%
National IHS Service	78%	79%

Source: Indian Health Service, Government Performance and Results Act Summary Report, 2009

## Infant and Child Mortality

If we look at pediatric mortality, we see that four Tohono O'odham infants died in 2008. The causes of death included maternal complications during birth, birth defects, infectious disease, and diseases of the nervous system (Table 31).

**Table 31. Number of Infant Deaths and Causes, 2008**

	2008
Tohono O'odham Infant Deaths	4

Causes: maternal complications (1); congenital malformations (1); infectious diseases (1); diseases of nervous system(1)

Source: Arizona Department of Health Services, Characteristics of American Indian Newborns and Mothers Giving Birth by Place of Residence

## Nutrition and Obesity

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It should be noted that in all primary data collection for this report, a significant percentage of informants spoke of obesity and diabetes. According to “Obesity and American Indians/Alaska Natives” a 2007 study by the U.S. Department of Health and Human Services, 49.4% of male children on the Tohono O’odham Nation are obese (BMI>95th percentile)<sup>29</sup>. And it is possible that this number is low. On their website, the Tohono O’odham Community Action sites IHS (Sells Hospital) data that puts the percentage of 6th-8th graders being overweight or obese at 76%. The website also notes that, “If today’s trends continue, predictors indicate that 100% of Tohono O’odham children born after 2002 will develop type-II diabetes (Sells Hospital, Indian Health Service).”<sup>30</sup> There are currently nutritional initiatives aimed at helping increase access to nutritional food; however, the health and wellbeing of children on the Nation is significantly impacted by the high prevalence of obesity and diabetes. In the words of one key informant, “I’d like to see diabetes eliminated in one generation, there was virtually no diabetes in the 60’s.” And, again “I’d like to see the food from the farm and café be served at every meal at the school.”

## Living Conditions

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Good health is also linked to living conditions. It should also be recognized here that despite significant progress since the 1950’s, according to one key informant, “There are still a great deal of homes without services—in third world conditions—with no bathroom or running water. Many of the homes have a yard hydrant and pit privy.” Although there are programs in place that can help build outside facilities, like septic tanks, the homeowner must do the bathroom, or modular bathroom, themselves. This means going to the Nation’s government for help or funding the changes themselves. It is estimated that there are currently 1,000 homes on the Nation without potable water and 300 without bathrooms (key informant interview). At the time of the report, there was no funding in place for a needed modular bathroom program.

There are opportunities to increase the health outcomes in a community. This finding is reiterated in the parent survey—61.3% of respondents claim that health issues had an affect on the wellbeing of their child. However, health cannot be approached in a vacuum. There are implications here for outreach, parenting classes, family support, and collaboration among agencies.

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29 Halpern, P. (2007). Obesity and American Indians/Alaska Natives. Washington D.C.: U.S. Department of Health and Human Services.

30 Reader, T. (2010). The Traditional Tohono O’odham Food System: A Short History. Retrieved on June 1, 2010 from [http://www.tocaonline.org/www.tocaonline.org/Oodham\\_Foods/Entries/2010/3/30\\_The\\_Health\\_Effects\\_Caused\\_by\\_the\\_loss\\_of\\_the\\_Traditional\\_Food\\_System.html](http://www.tocaonline.org/www.tocaonline.org/Oodham_Foods/Entries/2010/3/30_The_Health_Effects_Caused_by_the_loss_of_the_Traditional_Food_System.html).



# Public Awareness & Collaboration

## Introduction

Connections help things happen. And there are two levels on which programs in the early childhood development and health system in the Nation are aiming to build connections. Firstly, they aim to connect with the families to ensure that they are aware of the services available to them. Secondly, these service providers themselves recognize that when they connect with each other, there is a greater chance of success.

## Key Findings

- Although there are many agencies that work to connect families with services for their children 0-5, some families are still not accessing the full range of services available to them.
- Word of mouth, PSAs and texting seem to be most effective for “getting the word out.”
- There is a long history of collaboration in the Nation and key informants were able to site numerous examples. However, there is no single collaborative effort in place that could bring the entire early childhood development and health system together in order to harness their efforts for systems change.

## Connecting with Families

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During interviews and focus group discussions, participants were asked where they or young parents in the community go to for information and resources regarding their youngest children. According to one key informant, “You have to ask for information, it doesn’t just appear.” This comment resonates with findings from the First Things First Family and Community Survey—46% of respondents from Arizona Indian Reservations were very satisfied with information about services. This is lower than the statewide satisfaction rate of 56%.

There are many organizations that people listed that provide access to information and resources—Head Start (through center efforts and their annual Community Resource Manual), other childcare centers, the IHS hospital and clinics, WIC, KOHN radio station, the First Things First Parent Kits, Well Child Clinics, and the Road Runner newspaper.

Despite this long list of agencies that are working to connect parents to information and resources, some families are still not accessing the full range of services available to them. There are a few possible causes of this—it could be that there are capacity issues, and that once referred, an agency does not have the capacity to meet a family’s need. A second possibility is that despite the numerous avenues available to connect families with information, they are still just not aware of the services. Certainly, there are challenges that need to be worked around. There are language barriers; there are literacy barriers among the parents; there are issues around living in a rural area; there are transportation barriers; and then there are perceived to be more and less effective ways of reaching parents.

According to one key informant, “People are pamphleted to death.” This invites a look at what works better. Key informants noted that the most effective means of getting the word out are by word of mouth, through KOHN PSAs, and through texting. KOHN outreach was seen as being very

successful in outreach for the Ride Safe program of STOP (Securing Tohono O’odham People). In the words of one key informant, “We considered KOHN outreach to be effective. We got lots of feedback.” Secondly, as noted in a previous section, the Tohono O’odham Community College had great results texting class participants—“For my class I gave all my students my cell phone number and got texts and calls from them. I didn’t expect it. More people feel connected in this way. Every single student who was going to be absent called or texted me. Almost none have computers at home, but they all have cell phones.” This was reinforced by focus group participants who noted texting as a good way of sharing information with them, along with home visits, the radio, and TV.

In addition to looking at particular outreach strategies, there are also opportunities to explore how to maximize those “teachable moments” that are already built into the fabric of the early childhood system—WIC pick up, pediatric visits, childcare interactions, prenatal classes . . . the list goes on. These are current connection points with families and there are opportunities to use these to greater effect.

There are also issues relating to the “stickiness” of the messages. Once we finally connect with parents, how do we make sure that the message is “sticky”? That it is a message that truly connects with parents and inspires them to act. Again, although key informants do not have an answer, there is awareness that this is an area for further exploration.

Finally, it should also be noted that key informants believe that outreach takes more than one touch. In the words of one, “The program follows up with families after six months. Giving someone something and walking away doesn’t work—you need to follow up.”

## Connecting between Agencies

*“One of our biggest problems on the Nation is that the right hand doesn’t know what the left hand is doing.”*

—Key informant

*“One of my wishes is to coordinate resources and service on the Nation and connect families to them. There are so many wonderful programs out there but parents don’t know about them.”*

—Key informant

Having agencies that share common goals work together makes sense. And there are multiple reasons for agencies to collaborate:

- **Referral Processes**—Working to ensure that there is a seamless connection between services; that there are cross agency referrals. According to the First Things First Family and Community Survey, 23% of respondents from Arizona Indian Reservations were very

satisfied with the way agencies that serve young children and their families work together and communicate. This is higher than the statewide rate of 15%. However, it does indicate room for improvement.

- **Community Awareness**—Ensuring that clients and agency staff are aware of services and their rights; that the “right hand” in the early childhood system knows what the “left hand” is doing.
- **System Change**—In recent years, there has been a great deal of conversation around system change in the public dialogue. How do you define it? How do you initiate it? How do you measure it? One of the most useful tools for our work that has come from this dialogue is by Julia Coffman, “A Framework for Evaluating Systems Initiatives,” August 2007.

## A Framework for Evaluating Systems Initiatives

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In this work, Coffman defines a system as “a group of interacting, interrelated, and interdependent components that form a complex and unified whole.” A system’s goal is achieved through the actions and interactions of its components. For our purposes these are the programs, policies, agencies, or institutions with the common goal of improving outcomes for children ages 0-5.

The early childhood system is made of many parts—early care and education; family support; health, mental health, and nutrition; and special needs/early intervention. System change embraces all components of the system. According to Coffman, “The idea being that the optimal developmental outcomes for young children will be achieved when each component is fully developed and the four components or subsystems connect or align.”<sup>31</sup>

Coffman defines the following as areas of systems change work:

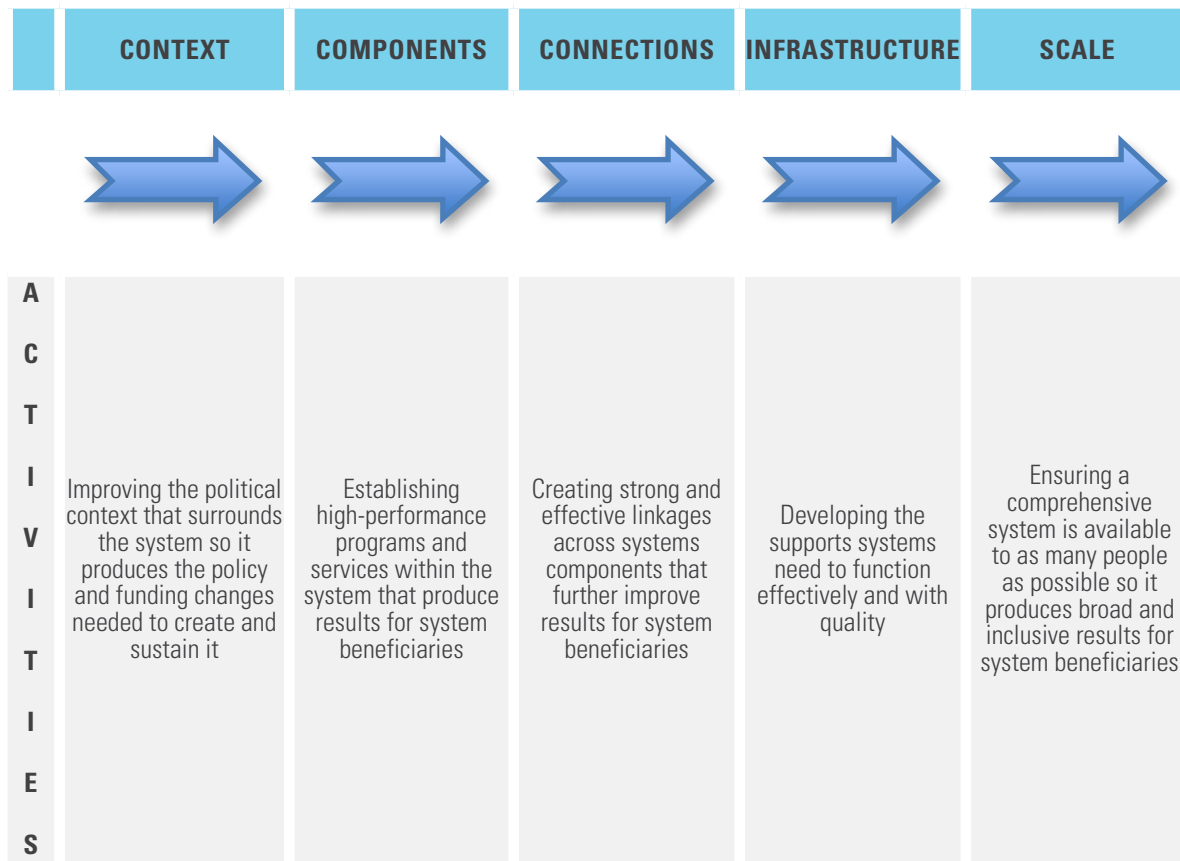
- **Context**—Improving the political environment that surrounds the system so it produces the policy and funding changes needed to create and sustain it.
- **Components**—Establishing high-performance programs and services within the system that produce results for system beneficiaries.
- **Connections**—Creating strong and effective linkages across system components that further improve results for system beneficiaries.
- **Infrastructure**—Developing the supports systems need to function effectively and with quality.
- **Scale**—Ensuring a comprehensive system is available to as many people as possible so it produces broad and inclusive results for system beneficiaries.

According to Coffman, “These five areas comprise the aspects of a system that, if developed or advanced, can produce broad impacts for the system’s intended beneficiaries.”<sup>32</sup> This means that activities across system change initiatives can be streamlined and the collective outcomes measured.

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31 Coffman, J. (2007). Evaluation systems initiatives. Build initiative. Retrieved May 1, 2010 from <http://www.buildinitiative.org/content/evaluation-systems-change>.

32 *ibid.*



There are tremendous implications here for the work of First Things First and the Tohono O’odham Nation Regional Partnership Council. In bringing together different agencies—different parts of the early childhood development and health system—it is possible to embrace all agencies and in doing so leverage this effort for systems change, in order to create permanent, sustainable, systemic change.

There is clearly a strong history of collaboration in the Nation. Key informants were able to give numerous examples of agencies partnering, including—the Education Department with the Tohono O’odham Community College, Head Start with the IHS, Healthy O’odham Promotion Program (HOPP) and Child Protective Services, the IHS with the Blake Easter Seals Foundation, Desert Survivors, AZ Early Intervention Program (AZEIP) and Tribal Special Services, the Maternal Health Committee, the Head Start Health Advisory Committee, the collaboration generated by the Month of the Young Child and the Family Fair. One key informant noted a strong collaboration by Health and Human Services, the Education Division, HOPP, WIC, Community Health, Family Assistance, and Behavioral Health, giving this as an example of a “true collaboration.”

However, there is no single collaborative effort yet in place that could bring the whole of the early childhood developmental and health communities together. Although there are challenges to this work, such as the distances on the Nation, key informants recognize the importance of this work in order to connect efforts, maximize their impact and begin the more difficult work of systems change.

# Summary and Conclusions

*“How can we move forward and maintain our sovereignty? Sometimes I see us creeping away from who we are in order to attract funding.”*

—Key informant

The goal of this report is to provide a snapshot of the needs and assets of children ages 0-5 in the Tohono O’odham Nation. It is hoped that this report will help to guide the funding of the First Things First Regional Partnership Council and inform other efforts in the area.

Our research has uncovered some key findings that will be important to the Regional Partnership Council as it works to improve the outcomes for children 0-5 in the Nation. They are as follows:

- **Build Capacity**—The number of children ages 0-5 in the Nation is growing significantly faster than the state rate, and this trend has been consistent over the last nine years. When we examine funding plans and look at future priorities, the community must do so recognizing that the need is increasing. This means that we must focus especially on the capacity of those programs that have been proven to improve the outcomes for the Nation’s youngest children. There are opportunities for the Regional Partnership Council to work with existing partners in the Nation in order to address the increasing capacity needs.
- **Tailor Programs to meet areas of Increasing Need**—In 2000, almost half of households with children under age 18 were headed by a single female and 66% of households were headed by a single female or a single male. In addition, nearly a third of children were born to teenage mothers. Special attention should be paid to the ability of programs to serve these populations.
- **Build the Capacity of Head Start**—Despite the overwhelming support for the positive outcomes that Head Start is able to provide, 182 children are on the waiting list for this program. There is support to continue working to increase the capacity of Head Start and also for bringing Early Head Start to the Nation.
- **Explore Different Outreach Options**—If word of mouth, texting and radio are the best way to connect people to resources, we need to spend some time exploring how to maximize these opportunities with the resources we have. Additionally, thought needs to be given to how we ensure that every “touch” has a message—every child pick up, well child check, WIC interaction. Secondly, there is evidence to suggest that one touch is not sufficient. Programs need to follow-up too. Finally, thought could be given to programs that utilize word-of-mouth networks for change, like the Promotoras model.

The community health worker (promotora) model utilizes promotoras as disseminators of information to act as the bridge between governmental and non-governmental systems and the communities they serve. Promotora services are delivered, for the most part, through home visits and group presentations, but also include health promotion strategies that impact knowledge, attitudes, and practices on a community level. To reach the unreachable, the promotoras go where people congregate. This could be health fairs, church and neighborhood meetings, laundromats, gas stations, and grocery stores.

Using promotoras ensures that the many social and cultural characteristics of low-income people can be drawn upon to improve the appropriate utilization of health care services. The promotora model is based on previous research and pilot interventions that establish the validity of this model. Examples in the United States of successful community health worker models are the Navajo Community Health Representatives and the migrant farm worker programs of the 1950s and 1960s, respectively.

- **Develop Train-the trainer Models**—A number of programs, including WIC, Head Start, and the Childcare Division, mentioned either working with, or hoping to work with, programs to increase the capacity of staff. This is essential to the sustainability of services and professional skill building on the Nation. As grant-funded initiatives cycle through the area, thought should be given to ways of building Tribal expertise in order to sustain gains.
- **Work to Connect Literacy Initiatives**—Despite the pools of programming mentioned in the report, one key informant noted, “We have no real community efforts around literacy. Studies show that if there are books in the home, literacy increases. We need to get moving on literacy.” According to one parent, “There are not a lot of books around here.” Key informants and focus group participants understand the importance of literacy. Although efforts have been made, they are not connected and do not yet seem to have gained sufficient momentum to really make a difference. As the Regional Partnership Council explores this issue, thought should be given to ways of connecting existing efforts and integrating literacy with other initiatives, such as those around parenting classes and the use of the Recreation Centers.
- **Explore Parent Education Models**—There is great support for exploring parent education and skill building models and there are partners on the Nation who have the expertise needed to tailor a program to the needs of the Nation’s parents.
- **Work to Connect Health and Nutrition Initiatives**—There are some clear health needs in the Nation. The Tohono O’odham people are struggling with a high prevalence of obesity that has significant implications for the health of the Nation’s children. Thought should be given to how First Things First can support health efforts and carry positive health messages through all initiatives of the Regional Partnership Council.

There are also a number of health initiatives underway that are aiming to increase awareness of the importance of and access to healthy food options. These include the work of WIC, the Healthy O’odham Promotion Program, Tohono O’odham Community Action, the work of the International Sonoran Desert Alliance in Ajo, and the Pima County Health Department. The latter has been funded through the Recovery Act Prevention and Wellness Initiative’s Communities Putting Prevention to Work program. Because the health and nutrition system on the Nation has an impact on the ability of children 0-5 to thrive, exploring how to connect, build and sustain these efforts could be an important role for the Regional Partnership Council.

- **Explore possibilities in partnership with the Village Community Centers (the Recreation Centers)**—Key informants are supportive of the potentially significant role that the Recreation Centers could play for children 0-5 on the Nation. The Recreation Centers are seen as a missed opportunity, and there is support for exploring more robust 0-5 opportunities that could be offered in partnership with the centers, as well as adult education classes, such as GED, parenting classes, general health and wellness classes for parents and families, and opportunities for partnership around access to healthy foods.
- **Work to Increase Childcare Quality**—Investments being made in professional development for Head Start, Childcare centers and Home Providers are paying off. Providers are dedicated to their work. Investing in their skills-building and childcare efforts is clearly a good investment for the community toward improving and supporting early childhood health and

educational development.

- **Explore the possibility of an Evidence-based Teen Childcare Program**—Key informants noted the need for an evidence-based teen childcare program, so teen parents can complete their high school education, or GED, be instructed in positive parenting, and have their child cared for in a high quality early child care center. Although there used to be a program in place in the high school it was cut a few years ago. There is support for exploring the implementation of a new program, and Tucson Unified School District's Teen Age Parents (TAP) program was offered as a possible model. In addition to providing services for teen parents, it is also hoped that the center could serve as a model childcare program for other centers.
- **Work with Partners to Create Better Transition Programs for Entering School**—Focus group participants spoke of the need for more consistent transition programs. In their words, "We need to do a better job. At the moment we provide one day of transition help at Head Start, in some centers maybe just an hour, and we need to work with the schools to improve this." Parents concurred, "It can be overwhelming for children. We need to find ways of making them feel more comfortable with the transition."
- **Infuse Cultural Heritage**—A number of key informants and focus group participants spoke of the need to keep the language and culture alive. In the words of one, "We need to teach about our culture and show we value it, beginning at birth." That this is a need is also reflected in the data where we see that in 54% of households on the Nation, English is the only language spoken (U.S. Census Bureau, 2000). In these households, Tohono O'odham is not spoken. This has implications for the opportunities of the Nation's youngest children to interact with their language. For all initiatives undertaken by the Regional Partnership Council, special attention should be made to incorporate culturally relevant practices and materials.
- **Leverage Collaborative opportunities for Systems Change**—There are tremendous opportunities to build collaboration in the early childhood and health systems in the Nation. This work is important not only because it can help ensure that children are seamlessly served, but also to begin the more difficult work of building and leveraging collaboration for systems change. Although this work takes time and effort, there are models that could be used to guide the work.
- **Build Community EITC VITA Options**—The chances of a child succeeding are related to many factors, including the economic wellbeing of the family. There is a low EITC up-take rate in the Nation and a very low volunteer tax preparation rate. There are opportunities to engage local agencies in a dialogue around the potential of connecting to regional free tax-preparation options or bringing a VITA site to the Nation. The tax return can present an opportunity to screen for additional benefits, and leverage the EITC for personal asset development, accessing traditional banking processes, and building financial literacy.
- **Use the Needs and Assets Report to Build Community Dialogue**—Although much has been done to engage community programs and providers through the work of the Tohono O'odham Regional Partnership Council, there are tremendous opportunities to increase the regional dialogue around the importance of early care and education in the Nation. The RPC is perfectly positioned to act as the catalyst for community dialogue around early care, health and education—a sustained dialogue that could engage all stakeholders—families, schools, the Legislative Council, Elders, health providers, child care providers, service providers, older children, and law enforcement. Appendix B provides one possible approach to this.

- **Reflect on 2010 Report**—Because the Regional Partnership Council is mandated to conduct its next Needs and Assets Report in 2012, it would be useful to spend some time reflecting on how data presented in this Report is used and what additional indicators that might be useful in the future to guide the work of the Council. Those mentioned during this process include: a definitive count of children 0-5 residing in the Nation; information regarding children 0-5 not served by any child care services, including Head Start; the number of youth who do not achieve high school graduation and are potential GED candidates as well as the percentage of this group that completes a GED certificate; education levels of parents in the Nation; issues that affect the school drop-out rate and the methods of measurement, the number of children who never enroll in school and an assessment of Kindergarten readiness.



# Appendix A—Primary Data Collection Overview

In addition to accessing existing data, the research team utilized the following primary data collections strategies:

**Focus Groups**—The research team facilitated three focus groups for this project:

- **Head Start Director Focus Group**—This focus group of nine Head Start Directors and staff was conducted at the office of Head Start in Sells. The primary purpose was to hear from staff regarding the service provided for children on the Nation and their perspective on what services are providing positive impact (March 18, 2010).
- **Home-based childcare providers**—This focus group of eight home-based childcare providers was conducted at the San Xavier Education Center. The primary purpose of the focus group was to obtain direct feedback from certified Tohono O’odham Nation homecare providers regarding the needs and assets in their community pertaining to early childhood health and education (March 23, 2010).
- **Family Preservation’s Positive Indian Parenting class**—This focus group of 19 parents participating in the Family Preservation’s Positive Indian Parenting class was held at the Tohono O’odham Utility Authority in Sells. The purpose of the focus groups was to gain a better understanding of the resources and assets available to families living on the Nation (May 20, 2010).

**Key Information Interviews**—In order to gain a wider community perspective, fifteen key informant interviews were conducted. These hour-long conversations were aimed at collecting information regarding programs and services for families with children ages 0-5, and also to gain insights regarding the assets and needs of families with children 0-5. Key informant interviews were conducted with the following:

Dr. Adler	Indian Health Service
Linda Block	Kare (University of Arizona Cooperative Extension)
Alberta Espinoza	Child Welfare
John Fallon	Head Start
Bernie Felix	Childcare Division
Erin Harvey	University of Arizona
Donna Juan	Women Infants and Children
Crystal Manuel	Indian Health Service
Karen McIlroy	Tohono O’odham Community College
Marlo Mendez	Intermountain Centers for Human Development
April Thomas	Childcare Division
Randy Willard	Sanitation Facilities Construction Branch, Division of Environmental Health & Engineering
Don Williams	U.S. Public Health Service
Valerie Vandecar	Tohono O’odham Nation Education Department
Lucy Zazueta	Indian Health Service

Parent Survey—Because of the Regional Partnership Council’s interest in gaining the perspective of parents for this report, a parent survey was also administered. During the research period, 33 parents living on the Nation completed the survey. These were predominately parents with children in a child care program. A detailed overview of survey responses is attached as **Appendix D**.

## Appendix B—Using the Needs and Assets Report to build Community Dialogue

As the Regional Partnership Council begins the process of implementing their Needs and Assets Report, it is worth looking at how the results of this Report could be used. Although the Needs and Assets Report will create an invaluable snapshot of the early care, health and education system in the Nation, it will not answer some key questions:

- How will we engage the community in the process of filtering the information in order to develop a set of regional strategic priorities?
- How will we work with each community's strengths, resources and assets in order to address the strategic priorities?
- How will we move from the identification of regional strategic priorities to action?

The next clear step for the Regional Partnership Council will be to take their Needs and Assets Report data back to key community stakeholders in order to begin:

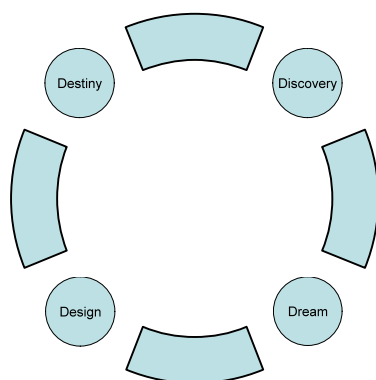
- Engaging the community in the identification of key strategic priorities,
- Helping leverage other community assets and resources in order to address the strategic priorities,
- Building relationships between the Regional Partnership Council and the community that they represent, and
- Creating a shared community vision and goals.

In order to address these steps and goals, we would like to suggest the following course of action. For the Regional Partnership Council:

- **Strategic Planning**—Engage groups of community stakeholders in a six-hour strategic planning retreat. This retreat could be facilitated using the Appreciative Inquiry Summit model and could move stakeholders through a process of:
  - i) Mapping community assets and strengths that can be applied to needs in the early, care, education and health systems,
  - ii) Using sustainability and impact as the filters by which we arrive at strategic priorities,
  - iii) Creating Action plans for each strategic area.

## Appreciative Inquiry

Appreciative Inquiry is an action-oriented process that draws out the strengths and hopes of the people involved in a particular group. The creators of the technique define it as “the study and exploration of what gives life to human systems when they function at their best.” In the Appreciative Inquiry Summit model, participants complete all four phases of the 4-D Cycle.



The 4-D Cycle:

1. Discovery
2. Dream
3. Design
4. Destiny

## Prioritizing by Impact and Sustainability

Within the design phase of the Summit we would work to create a set of strategic priorities for the Nation. In order to begin the process of prioritizing we would think about resources, sustainability and impact.

### Criteria for Prioritization and Decision Making

It would be useful to develop a list of criteria to evaluate all the ideas with. For example:

- **Cost- amount and duration of cost:**

What is doable with existing resources?

What is doable with very small amounts of new money?

What requires an on-going source of new funding?

- **Largest Impact:**

What activities or strategies will have the greatest impact?

What will have a medium impact?

What activities would have a low impact?

- **Ability:**

How easy would it be to implement the proposed strategies and activities?

- **Asset-based and built on existing infrastructure and networks:**

☒ Which of the activities/strategies are built on strengths—what is going well and how to do more of it?

☒ Which of the activities/strategies are built on an existing infrastructure and/or network?

Which ones require creating or imposing a new infrastructure?

## Appendix C—Community Assets

A goal of the Regional Partnership Council in undertaking this Needs and Assets Report was to identify community assets that could be built upon in order to improve the outcomes for children 0-5. The chart below identifies community assets that present opportunities for exploration. Most of the organizations listed below have a more thorough description within the narrative of the report. Although the Nation provides many additional resources, these are not listed, nor are the BIE and ADE schools.

ORGANIZATION	ACTIVITY	OPPORTUNITY IDENTIFIED
Child Welfare Division	Providing services for children in the CPS system and also for parenting classes.	To explore additional parenting classes.
Early Childhood Education Division	Works to provide high quality childcare on the Nation.	To increase the number of slots and continue to work toward improved quality.
Head Start	Works to provide high quality childcare on the Nation	To increase the number of slots, continue to work toward improved quality, and explore the possibility of providing Early Head Start.
Health O’odham Promotion Program	Designed to provide primary prevention, education, nutrition, and fitness services to promote healthy lifestyles.	To integrate their work into a broader community health and nutrition initiative.
Indian Health Services	The IHS provides many services to meet the health needs of those living in the Nation. In addition to these they also work to increase nutrition awareness, literacy, and child safety.	To integrate their work into a broader community health and nutrition initiative.
Intermountain Centers for Community Development	Providing positive behavioral health services and parent skill development in the Nation.	To explore the possibility of more parent class opportunities.
International Sonoran Desert Alliance (Ajo)	ISDA is working to engage community partners, including those in the west of the Nation, around improving health through access to healthy food options.	To explore opportunities in their community health and nutrition work.
KOHN Radio	Has a track record of reaching families throughout the Nation.	To explore outreach opportunities.
Pima County Health Department	For the work that they will be doing as part of the Recovery Act Prevention and Wellness Initiative’s Communities Putting Prevention to Work.	To explore opportunities and potential partnerships as a part of the Recovery Act Prevention and Wellness Initiative’s Communities Putting Prevention to Work.
Recreation Centers	Although this asset is underutilized, community partners see the potential that these community hubs could provide for programs for children 0-5 and their families, including parent support, health and wellness education, and access to healthy food options.	Many participants in this report believe that the Recreation Centers could be playing a greater role for families, especially those with young children, in the Nation. There are opportunities to explore these.
Tohono O’odham Community Action	TOCA is working to improve access to healthy and nutritional foods on the Nation and is working to incorporate this into Head Start and school settings.	To partner with TOCA around bringing healthy food options to families in the Nation.

Tohono O'odham Community College	Providing educational services to residents of the Nation, including an Infant Toddler Certificate.	To continue to identify partnerships to build the capacity of child care providers on the Nation.
Tohono O'odham Vision Screening Program	Providing vision screening to children on the Nation.	To build the capacity of parents and providers in the Nation to identify eye care needs, especially astigmatism, and to identify opportunities to sustain the program beyond grant funding.
University of Arizona Cooperative Extension	For the work around health and nutrition and the K.A.R.E. program.	To integrate their work into a broader community health and nutrition initiative.
WIC	For providing nutrition awareness and support to families with young children and offering programs for children in Head Start.	To integrate their work into a broader community health and nutrition initiative.

# Appendix D—First Things First 2008 Survey Data

Because of the focus of this report, the research team chose to explore the findings of the following survey questions:

- How satisfied are you with the information and resources available to you about children's development and health?
- How satisfied are you with how agencies that serve young children and their families work together and communicate?

## Parental/Caregiver Satisfaction with Services for Young Children, 2008

		VERY DISSATISFIED	SOMEWHAT DISSATISFIED	SOMEWHAT SATISFIED	VERY SATISFIED
How satisfied are you with the information and resources available to you about children's development and health?	Arizona	1%	4%	39%	56%
	All Residents of AZ Indian Reservations	1%	5%	48%	46%
How satisfied are you with how agencies that serve young children and their families work together and communicate?	Arizona	17%	26%	42%	15%
	All Residents of AZ Indian Reservations	14%	25%	37%	23%
It is easy to locate services that I need or want.	Arizona	5%	13%	38%	45%
	All Residents of AZ Indian Reservations	15%	19%	30%	36%
I do not know if I am eligible to receive services.	Arizona	43%	18%	22%	18%
	All Residents of AZ Indian Reservations	48%	27%	10%	15%
I am asked to fill out paperwork or eligibility forms multiple times.	Arizona	20%	19%	31%	31%
	All Residents of AZ Indian Reservations	20%	16%	25%	38%
Available services are very good.	Arizona	12%	10%	39%	40%
	All Residents of AZ Indian Reservations	9%	18%	38%	35%
Available services reflect my cultural values.	Arizona	17%	18%	38%	27%
	All Residents of AZ Indian Reservations	18%	15%	38%	29%

Service providers do not speak my language or materials are not in my language.	Arizona	82%	9%	3%	5%
	All Residents of AZ Indian Reservations	72%	12%	6%	10%
Services are not available at times or locations that are convenient.	Arizona	32%	23%	28%	17%
	All Residents of AZ Indian Reservations	23%	20%	38%	19%
Available services fill some of my needs, but do not meet the needs of my whole family.	Arizona	44%	18%	24%	14%
	All Residents of AZ Indian Reservations	25%	8%	34%	32%
I cannot find services to prevent problems; I only qualify after problems are severe.	Arizona	44%	24%	15%	17%
	All Residents of AZ Indian Reservations	34%	25%	25%	16%
Source: First Things First Survey					



## Appendix E—Parent Survey Findings

The following appendix contains the data from Parent surveys conducted for this research project in the Tohono O’odham Nation. During the research period, 33 parents living on the Nation completed the survey; these were predominately parents with children in a child care program. The survey was developed and circulated with input and assistance from the office of the Tohono O’odham Regional Partnership Council and was administered as a paper survey.

### Question 1:

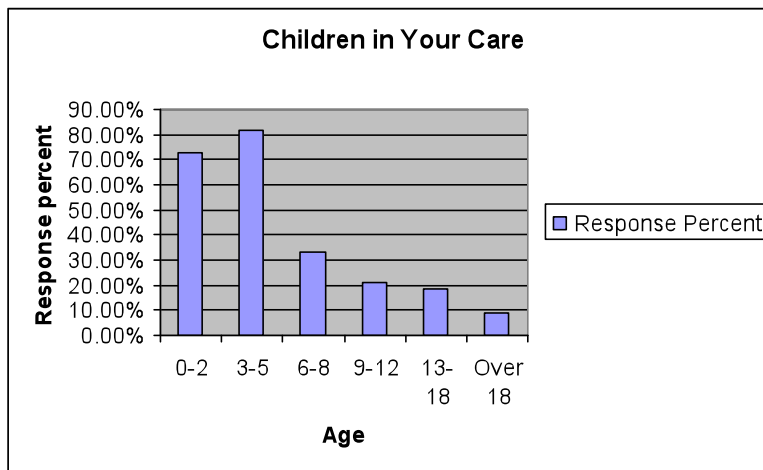
*In total, how many children are in your care, including your own children, your grandchildren, any foster children, or any other children you care for?*

SURVEY NUMBER	NUMBER OF CHILDREN CARED FOR	SURVEY NUMBER	NUMBER OF CHILDREN CARED FOR
1	2	18	2
2	5	19	3
3	7	20	7
4	6	21	7
5	2	22	1
6	6	23	3
7	2	24	6
8	3	25	6
9	2	26	2
10	2	27	13
11	5	28	4
12	1	29	2
13	1	30	13
14	4	31	12
15	3	32	5
16	2	33	2
17	11		
<b>TOTAL</b>	<b>152</b>	<b>AVERAGE</b>	<b>4.61</b>

As noted above, parents noted that they were caring for an average of 4.6 children.

*Question 2:**How old are your children and any other children you care for? (please check all that apply)*

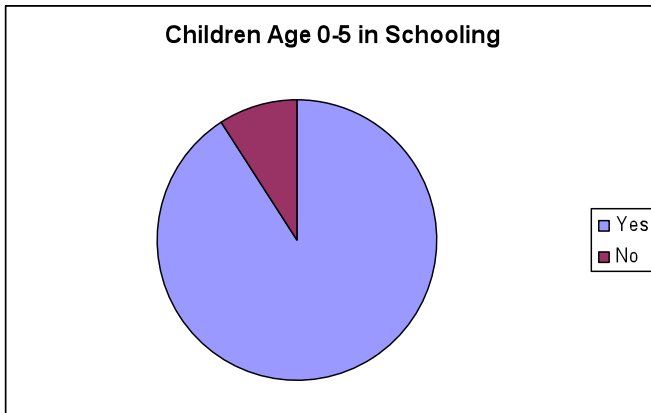
AGE	RESPONSE PERCENT	RESPONSE COUNT
0-2	72.70%	24
3-5	81.80%	27
6-8	33.30%	11
9-12	21.20%	7
13-18	18.20%	6
Over 18	9.10%	3



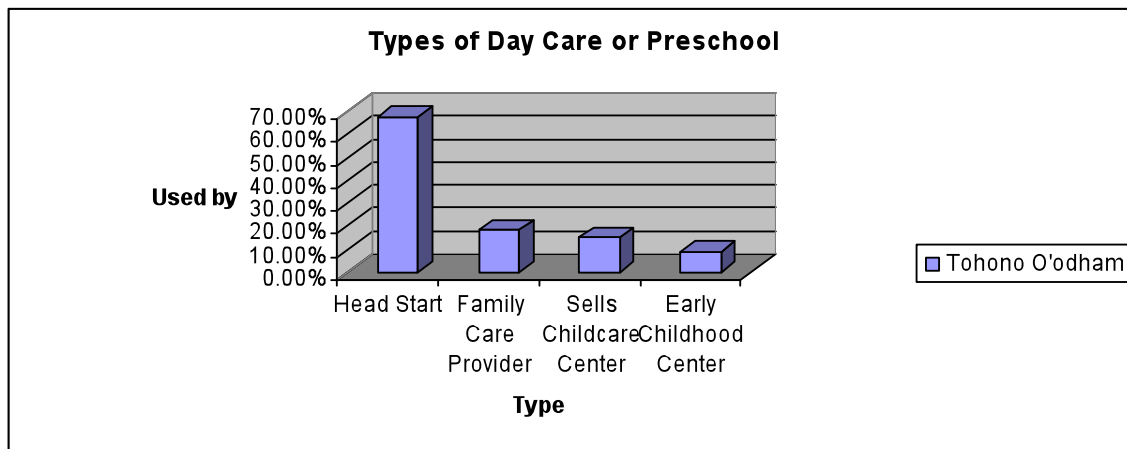
81.80% of respondents were caring for children between 3 and 5 while 72.7% were caring for children between 0-2.

*Question 3:**A. Do you have children who are 0-5 who are in day care or preschool?*

ANSWER	RESPONSE PERCENT
Yes	90.90%
No	9.10%

*B. What type are they in?*

TYPE	RESPONSE PERCENT
Head Start	67.74%
Family Care Provider	18.18%
Other Childcare	15.15%
Early Childhood Center	9.09%



Over 90% of respondents have children between the ages of 0 and 5. Of these children, 67.74% were in the Head Start program while 18.18% were with a family care provider.

*Question 4:*

*What three positive things (services/programs/people) on the Nation have been the most helpful to you in raising your children (0-5 years old)? Please provide details*

### POSITIVE THINGS

1) W.I.C. program - new nutritional foods offered 2) Family Preservation Program - parenting and support services 3) Early childhood Head Start preschool program because they are experts in teaching our children

1) Disability services 2) WIC Program 3) Head Start Program

1) Learning the language 2) Respectful people 3) Provide safeness for children

1) WIC program 2) Arizona Vision Screening 3) DES

1) WIC program 2) Head Start

1) Nutrition eating, health 2) Responsibility taking care of stuff and doing things on own 3) Discipline - learning right from wrong

1) WIC 2) Head Start

1) Disability services (trainings) 2) Head Start Program 3) WIC program

1) Sells Childhood Daycare 2) Head Start Center 3) TO WIC

1) The program 2) The people

1) Child care 2) Head Start 3) WIC

1) Head Start 2) Recreational activities 3) Teachers at Head Start

1) Family 2) Recreational Activities 3) Education (schools)

1) Family 2) Recreation Programs 3) This program

1) Helping them with their abcs and numbers 2) Helping them grow even more

1) School education with my kids 2) After school programs for children

1) For me it would be the workshops and being able to have transportation 2) If I don't understand something the education employee are able to help out 3) Pretty much have education to be able to help out on transportation for those that don't have.

1) My family for encouraging me to keep going 2) Karen McElroy being a positive role model

1) Schools - keeping the educated 2) Employment - to earn money to help our children 3) Child care helping in raising children

1) Indian Health Services 2) Head Start schools 3) Childcare workshops

1) Recreation - children get to play (different activity) 2) After school programs

1) Child care 2) Food program (but not on the nation) 3) First Things First

*Summary Table:*

TYPE	PERCENT MENTIONED
WIC & Nutrition programs	40.91%
Head Start	36.36%
Recreational activities	14.29%
Family	14.29%
Schools	14.29%
Childcare centers (including parent workshops provided)	13.64%
Disability services	9.52%
After school programs	9.52%
Family Preservation Program	4.76%

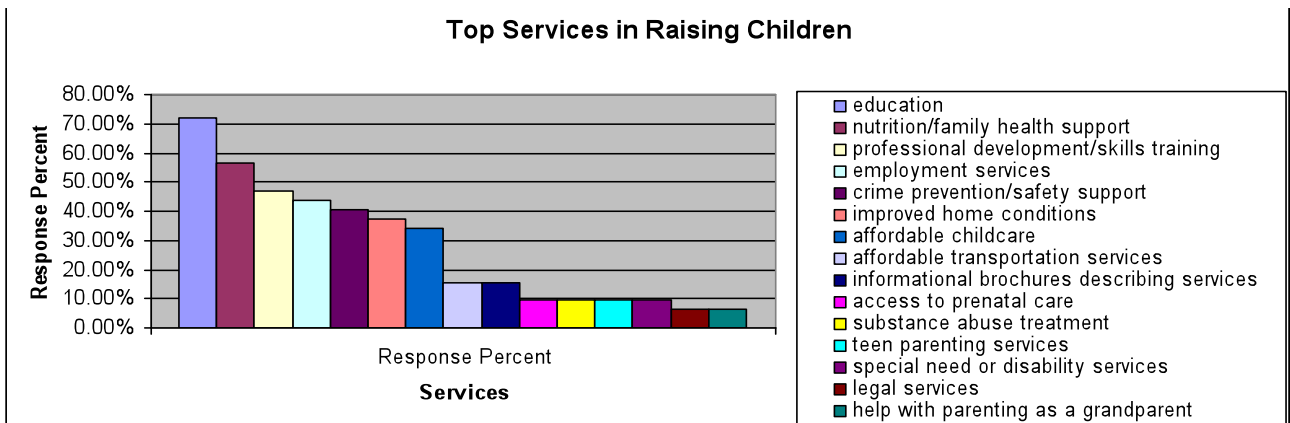
The summary table above notes that over 40% of the parents found WIC and nutrition programs to be most helpful in raising their child. 36.36% of parents stated that Head Start played a helpful role in raising their child.

Other parents noted that the lessons learned either by their children like “learning right from wrong” or “helping them with their abc’s and numbers” had a positive effect on raising their children. The environment of these programs also has an affect. One parent noted that the programs provided a “safeness for children.”

*Question 5:*

*Please circle the top four to five services that would best help you in raising your children ages (0-5 years old)? (please circle 4-5)*

SERVICES	RESPONSE PERCENT	RESPONSE COUNT
education	71.90%	23
nutrition/family health support	56.30%	18
professional development/skills training	46.90%	15
employment services	43.80%	14
crime prevention/safety support	40.60%	13
improved home conditions	37.50%	12
affordable childcare	34.40%	11
affordable transportation services	15.60%	5
informational brochures describing services	15.60%	5
access to prenatal care	9.40%	3
substance abuse treatment	9.40%	3
teen parenting services	9.40%	3
special need or disability services	9.40%	3
legal services	6.30%	2
help with parenting as a grandparent	6.30%	2

*Additional Comments:*

- Employment services are always needed in order for parents to support their children. Affordable childcare is needed because maybe one parent is supporting the entire family etc. Education is always needed in order to teach our child to grow.
- Education and professional development to better myself as a school teacher. Improved home conditions less stress, affordable child care, to spend my paycheck on other means.
- The Nation should have more jobs available for the unemployed
- Services I chose are for better education both for parents and children together
- It's good to have many opportunities for teen going through parenthood, to others who want

to learn about this program training would be helpful.

- Improved home will help with my kids health and clean. There too much crime
- We need more child care workers in the centers
- Nutrition/family health I just would like to know more about and safety also the same. Improved home conditions would really be more helpful to a lot of people

Almost 72% of parents noted that education services would best help in raising their child. This was emphasized by one of the parents who stated that, “Education is always needed in order to teach our child to grow.” On the other hand, 56.3% of parents mentioned that nutrition or health support for families would be most helpful.

Question 6:

*Are any of your children on a waiting list to enroll in Head Start, a Childcare Center, or to get Home-based Childcare services?*

ANSWER	RESPONSE PERCENT	RESPONSE COUNT
Yes	3.30%	1
No	96.70%	29

*If yes, how long have you been waiting and why are you waiting?*

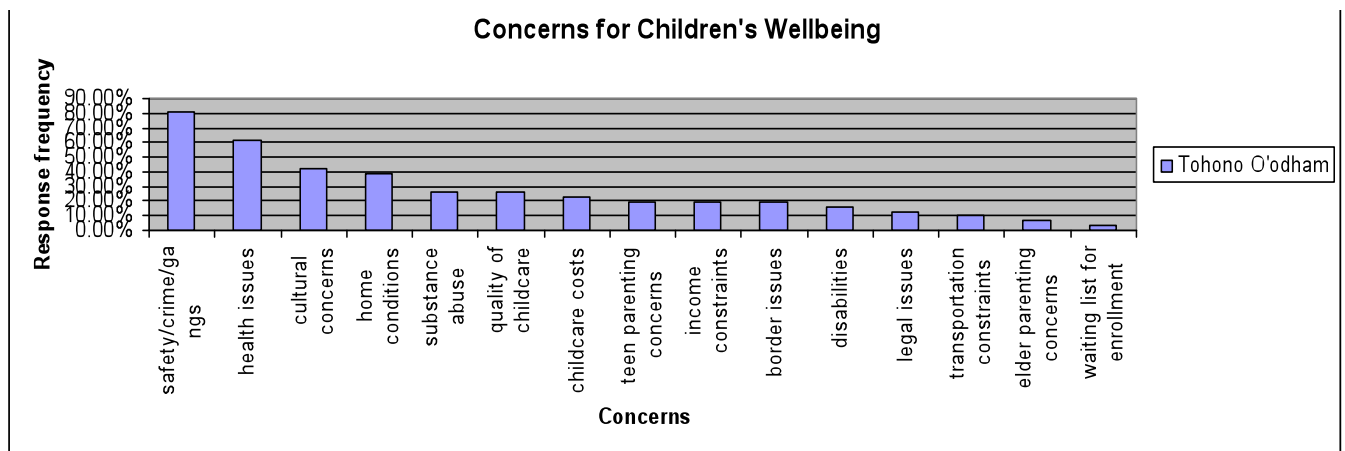
- Since school year 2010 why: waiting list do to school’s full roster

According to question six, 96.70% of parents do not have a child on the waiting list for Head Start or childcare centers.

**Question 7:**

*Please circle the top four to five things that concern you most regarding the well-being of your children ages 0-5 years old (please circle 4-5)*

CONCERNS	RESPONSE PERCENT	RESPONSE COUNT
safety/crime/gangs	80.60%	25
health issues	61.30%	19
cultural concerns	41.90%	13
home conditions	38.70%	12
substance abuse	25.80%	8
quality of childcare	25.80%	8
childcare costs	22.60%	7
teen parenting concerns	19.40%	6
income constraints	19.40%	6
border issues	19.40%	6
disabilities	16.10%	5
legal issues	12.90%	4
transportation constraints	9.70%	3
elder parenting concerns	6.50%	2
waiting list for enrollment	3.20%	1



*Detail (below) to explain the concerns you circled above or any other concerns:*

- Safety/crimes/gang concerns me because it is a big issue in the community we live in. Change is needed. Health issues are always my concern. When one or both is sick or in any way health conditions I take him to be treated or prevent it by washing hands.
- Home conditions and health issue lie together for my children who are asthmatic. Safety, crime, and quality of childcare.
- Safety and quality of the child care provider, if they are learning enough.
- I'm afraid that if I don't find a job soon my mother won't be able to support myself and my



daughter as time moves on.

- These would be pertaining to my child's overall safety within the community
- Nowadays drugs, violence and abuse seem to grow more every day
- Work with parents to learn the O'odham language so children can learn
- For health, there is a lot of health issues on the nation. Also gangs and teen parents not going to school and getting in a whole lot of trouble
- Most young parents are leaving their kids with grandparents. Young parents have substance abuse
- My main concern is the teen pregnancy; they're too young to have kids because they really don't know anything and most of them leave it up to their parents to raise. And the parents don't talk to them about sex or birth control
- My concerns in how a child is brought up can interfere with a child's well being
- The concerns I have with these is that parents don't have much education on issues like the ones I've circled

The area most concerning for parents is safety, crime, and gangs. 80.6% of parents marked this as concern for the wellbeing of their children. One concerned parent explained, "Nowadays drugs, violence, and abuse seem to grow more everyday."

Another area of concern for parents is health. 61.3% of parents explained that health issues had an affect on the wellbeing of their child. One parent noted, "There is a lot of health issues on the nation."

19.4% of parents expressed a concern over teen pregnancy. One concerned parent explained that "My main concern is the teen pregnancy, they're too young to have kids because they really don't know anything and most of them leave it up to their parents to raise. And the parents don't talk to them about sex or birth control." Being a teen parent can also have an affect on your education. One parent expressed a concern that "teen parents [are] not going to school and getting in a whole lot of trouble." These findings have a significant impact on programs supporting families and parents.

## Appendix F—References

- Campbell, M., Haveman, R., Sandefur, C. & Wolfe, B. (2005). Economic inequality and educational attainment across a generation. *Focus* 23(3), 11-15.
- Coffman, J. (2007). Evaluation systems initiatives. Build initiative. Retrieved May 1, 2010 from <http://www.buildinitiative.org/content/evaluation-systems-change>.
- Currie, J. & Hyson, R. (1999). Is the impact of health shocks cushioned by socioeconomic status? The case of low birthweight. *The American Economic Review* 89 (2).
- Galindo, C. (2009). English language learners' math and reading Achievement trajectories in the elementary Grade. Boston, MA: *National Institute for Early Education Research*. Retrieved May 22, 2010 from [http://nieer.org/resources/research/English\\_language\\_learners\\_math\\_reading\\_achievement\\_trajectories\\_elem.pdf](http://nieer.org/resources/research/English_language_learners_math_reading_achievement_trajectories_elem.pdf).
- Hack, M., Klein, N.K. & Taylor, H.G. (1995). Long-Term Developmental Outcomes of Low Birth Weight Infants. *The Future of Children* 5(1), 176-196.
- Kelly, J. (2009). Home visits to young American Indian mothers improve infant outcomes. *Medscape Medical News*. Retrieved June 6 2010 from <http://www.medscape.com/viewarticle/703292>.
- Lunenburg, F. (2000). Early childhood education programs can make a difference in academic, economic and social arenas. *Education* 120(3). 519-529.
- Nagle, A. & Griffiths, S. (2008). Rural America—EITC and family economic opportunity. The EITC Funders Network. Retrieved May 20, 2010 <http://www.eitcfunders.org/recentevents.html>.
- O'Hare, W.P. (2009). The forgotten fifth: child poverty in rural America. The Carsey Institute. Retrieved May 20, 2010 from <http://www.carseyinstitute.unh.edu/publications/Report-OHare-ForgottenFifth.pdf>.
- Phipps, S. (2003). The impact of poverty on health. *CPHI Collected Papers*. Ottawa, ON: Canadian Institute for Health Information.
- Showstack, J. A., Budetti, P. P., & Minkler, D. (1984). Factors associated with birthweight: an exploration of the roles of prenatal care and length of gestation. *American Journal of Public Health*. 74(9), 1003-1008.

Women's Foundation of Southern Arizona (2009). Status of women and girls in southern Arizona. Retrieved May 20, 2010 from [http://www.womengiving.org/docs/Status\\_of\\_Women\\_Report\\_Winter2010.pdf](http://www.womengiving.org/docs/Status_of_Women_Report_Winter2010.pdf).

University of Hawaii Honolulu Community College. (n.d.). Maslow's hierarchy of needs. Retrieved 6/8/10 from <http://honolulu.hawaii.edu/intranet/committees/FacDevCom/guidebk/teachtip/maslow.htm>.